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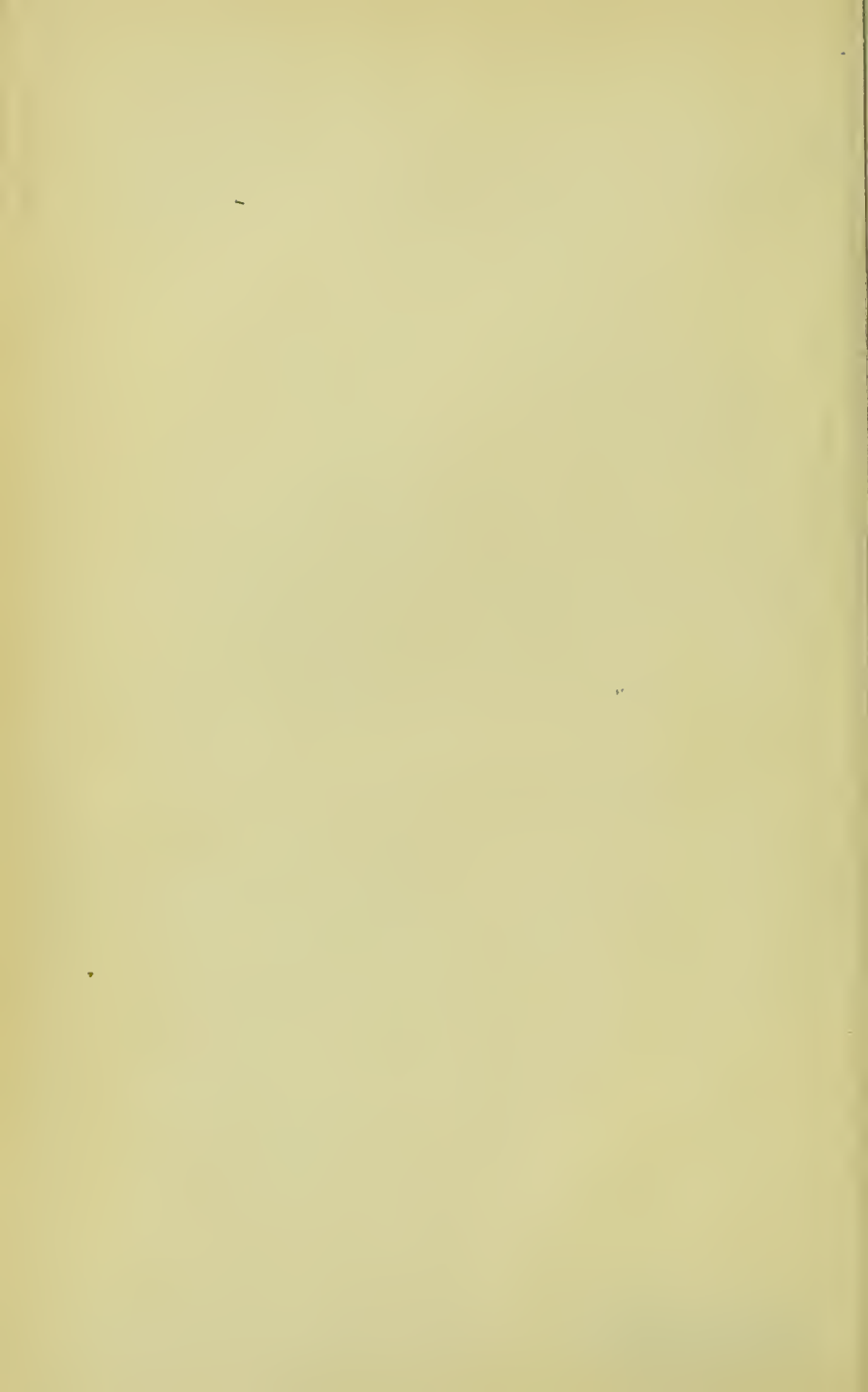
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REPORT
UPON
UNCERTIFIED DEATHS
IN GLASGOW.

BY
THE MEDICAL OFFICER OF HEALTH.

DRAWN UP IN ACCORDANCE WITH THE INSTRUCTIONS OF A SUB-
COMMITTEE OF THE COMMITTEE OF HEALTH APPOINTED
BY MINUTE, CONFIRMED BY THE BOARD OF
POLICE, 19TH APRIL, 1875.

GLASGOW:
ROBERT ANDERSON, PRINTER, 22 ANN STREET.
1876.

EXTRACT FROM MINUTES OF COMMITTEE OF HEALTH.

“The Committee agreed to recommend that Bailie Burt, and Messrs. Ure, M'Lellan, Wilson, and Chalmers—Mr. Ure, Convener, two a quorum—be appointed as a Special Committee to inquire into and report as to the various appliances in the City for giving gratuitous medical relief to the poor, and the mode of obtaining such relief; and also as to the investigation which at present is made by the Authorities in cases of uncertified deaths occurring within the City.”

Confirmed by Board, 19th April, 1875.

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REPORT, &c.

THIS Report naturally arranges itself into three divisions, viz., a statement and definition of the extent to which deaths are "uncertified" in Glasgow; an inquiry into the probable causes of the evil thus disclosed; and a suggestion of remedies.

I.

THE FACTS AS TO UNCERTIFIED DEATHS IN GLASGOW.

What is an "Uncertified Death?"—In the language of the Registration Act, a death, the cause of which is certified by a "registered" medical practitioner, or by information of the Fiscal for the county, is a "certified death," and an "uncertified death" is one regarding the cause of which no such testimony is produced. According to Sec. 41 of the Scotch Registration Act, "the medical person who shall have been in attendance during the last illness, and until the death of any person," is bound under a penalty to furnish a certificate of the cause of death; so that it may be held in general, where the Registration Act is in efficient operation, that persons, the cause of whose death is "not certified," have

either received no medical attendance during their last illness, or attendance of such a casual and insufficient sort as not to enable the attendant to certify. Of course, certification after death, while it removes the death from the category of "uncertified," does not alter the circumstances under which the deceased may have died. But, on the other hand, there are cases of premature birth, of senile decay, &c., which, though "uncertified," may indicate no neglect. On the whole, therefore, the extent and quality of the medical assistance obtained by the population in sickness may be held to be fairly proportional to the number of the deaths in that population which are "certified." Whatever qualification may be attached to this statement, there can be none about this other—that for all the scientific purposes of a system of death-registration, the value of the system is proportional to the accuracy with which it records the cause or occasion of death, or, in other words, to the number of deaths which are "certified" by qualified medical men. From both points of view the matter is one in which the Local Authority is directly interested, and regarding which they ought to be thoroughly informed.

The attention of the Local Authority of Glasgow was first directed to the large proportion of uncertified deaths in Glasgow by Dr. Andrew Fergus in 1871. Since that date in all the statistical returns of mortality issued by the Medical Officer, the number of deaths "certified" and "not certified" has been stated, the latter being classed under "No Medical Attendant," "Dispensary," or said to have had attendance, but still "not certified." In the Quarterly Reports the deaths are simply divided into "certified," and "not certified." The one unquestionable fact about the latter is that no certificate from a qualified medical practitioner is forthcoming, not even in many cases in which the name of an attendant has been given to the Registrar. Any further classification as to "Dispensary," &c., is based on the mere unverified statement of the parties registering.

a. The Statistics, General and Local, of Uncertified Deaths in Glasgow.

They are as follows, for the whole City in three years:—

		1872.	1873.	1874.
Total Deaths,	... ..	14,357	14,876	16,323
Not Certified,	... ..	3,281	3,305	3,601
Percentage,	... ..	22·85	22·21	22·05

There were, therefore, 45,556 deaths registered in those three years, of which 10,187, or 22·3 per cent. were not certified. The average death-rate was 29½.

The proportion of uncertified deaths was much greater below 5 years of age than above it. The following shows the comparison in the same three years:—

Below Five Years.

		1872.	1873.	1874.
Total Deaths,	... ..	6,505	6,805	7,414
Not Certified,	... ..	2,070	2,106	2,279
Percentage,	... ..	31·82	30·94	30·73

Five Years and Upwards.

Total Deaths,	... ..	7,852	8,071	8,909
Not Certified,	... ..	1,211	1,199	1,322
Percentage,	... ..	15·42	14·85	14·83

The average of the three years shows 31 per cent. uncertified below 5 years, and 15 per cent. uncertified at 5 years and upwards. The average death-rate was 97 below 5 years, and 19 at 5 years and upwards.

The Local Variations in the proportion of uncertified to the total deaths are shown, on the average of the same three years, in the following Statement, in which the Statistical Subdivisions of the City are ranged from the highest to the lowest. The average

death-rate is appended. The information will be useful in considering the application of any remedial measures which may be suggested by this inquiry.

NAME OF DISTRICT.	Percentage of Uncertified Deaths in 3 years.	* Average Death-rate in 3 years.
St. Andrew's Square,	42	36½
Bridgegate and Wynds,	40	43½
High Street and Closes (E.),	38	40
Calton Proper,	36	35
Cowcaddens,	34½	32
Barrowfield,	31½	32
Port-Dundas,	29½	30½
High Street and Closes (W.),	28	41
Springburn and Maryhill,	27	26
Gorbals,	27	36½
St. Enoch Square,	27	30
Brownfield,	25	37
Greenhead and London Road,	23	33
Bellgrove and Dennistoun,	23	30
Monteith Row,	22½	23
Anderston Proper,	18½	30
Woodside,	18	23
Exchange,	13½	22
Hutcheson Square,	13	27
St. Rollox,	13	27
Blythswood,	12	20
Laurieston,	12	30
Kingston,	9½	25
Kelvinhaugh and Sandyford,	8	19½

Although the death-rate and the proportion of uncertified deaths cannot, on the evidence of this Return, be said to move with perfectly coincident steps, still they bear a very manifest relation—a relation so close, indeed, that among the Districts which return the twelve highest proportions of uncertified deaths, we find eleven of those which return the highest death-rates, and the District which returns the very lowest proportion of uncertified deaths is also that which shows the very lowest death-rate, viz., Kelvinhaugh and Sandyford—only 8 per cent. of whose deaths for three years were uncertified, and whose death-rate was 19½ for the

same period. Between this and the Bridgegate and Wynds, with 40 per cent. of its deaths uncertified, and a death-rate of $43\frac{1}{2}$, there is a long interval.

This and other local variations will be better brought out by throwing those districts into the Groups with which the Quarterly Reports have made the public familiar. For the purpose of comparison with England, and with other large towns, it was necessary to select one year, and I have chosen 1874. The following are the general facts contained in a more elaborate Table in the Appendix, thrown into areas, of which I. is the best and IV. the worst. The death-rate in I. was 21; in IV. it was 41. The percentage of uncertified deaths in I. was 13; in IV. it was 35.

Illegitimates.—The following Table, also for 1874, and for the Groups as well as for the whole City, casts a very lurid light upon the whole circumstances surrounding this matter of uncertified deaths, and must give rise to most painful surmises in the absence of still more definite information:—

Groups.	PERCENTAGE NOT CERTIFIED.			PERCENTAGE UNCERTIFIED UNDER 1 YEAR.		PERCENTAGE UNCERTIFIED 1 & UNDER 5 YEARS.	
	Under 1 Year.	1 and under 5 years.	5 Years and upwards.	Legitimate.	Illegitimate.	Legitimate.	Illegitimate.
I,	24·04	14·69	9·81	20·81	47·37	13·65	29·17
II,	28·91	17·93	12·52	26·65	46·33	16·85	37·12
III,	42·75	26·11	16·61	29·94	57·04	25·23	35·81
IV.,	59·15	43·54	22·25	56·11	71·86	41·68	58·34
WHOLE CITY,	37·86	24·86	14·84	34·90	54·95	23·51	41·03

The broad meaning of these facts seems to be that the more dependent and helpless of itself the life is, the less attention it receives from those upon whom it depends. When we refine still further, and distinguish between the unwished-for life, which is to those who begot it, while it exists, a badge of disgrace, and the life which springs up in the home where it is expected and in some degree cherished, we can understand in what a hopeless struggle for existence the illegitimate child is entered at its birth. But we also can comprehend how much the circumstances of our poor demand attention, when even their legitimate offspring are allowed to die amid such evidences of neglect as this Return discloses.

b. Glasgow as compared with Edinburgh in respect of "Uncertified" Deaths.

There are no published data with reference to Scotland, or any town in it, such as we possess regarding Glasgow, and but for the kindness of Dr. Littlejohn, who, at great personal labour, furnished me with a return for 1874 of the facts concerning the certification of deaths in Edinburgh, the comparison which I am about to make would have been impossible. In the Appendix (I. and II.) will be found two Tables, one for Glasgow and one for Edinburgh, giving the number of "uncertified" deaths for both cities; showing the proportion to the total deaths under five years and above that age for each city, and for the sanitary subdivisions of each city.

In 1874 in Glasgow 22 per cent. of the total deaths were "uncertified;" in Edinburgh 6 per cent. In Glasgow 31 per cent. of the total deaths under five years were "uncertified;" in Edinburgh 8 per cent. In Glasgow 15 per cent. of the total deaths above five years were "uncertified;" in Edinburgh 5 per cent.

Taken as a whole, the inhabitants of Glasgow and of Edinburgh are in social position so incomparable that it is of essential importance to ascertain how the subdivisions of the two cities stand, comparatively, in this or any other inquiry into their relative vital statistics. In Glasgow in 1874 the lowest proportion of "uncertified" deaths was in Kingston District, and Kelvinhaugh and Sandyford District, 9 and $9\frac{1}{2}$ per cent. In Edinburgh there were two districts, Morningside and Broughton, in which *all the deaths were "certified;"* two districts, Grange and Lower New Town, in which less than 1 per cent. were "uncertified;" and four districts, Upper New Town, West End, Fountainbridge, and Newington, in which less than 2 per cent. were "uncertified." In short, taking the whole town of Edinburgh, as already stated, there were 6 per

cent. of the deaths “uncertified,” against the best district in Glasgow, 9 per cent, and there were fifteen districts of Edinburgh which showed a lower proportion than the best district in Glasgow. But the relative positions of the worst districts in both cities is still more important. The sanitary subdistricts of Edinburgh are much more carefully constituted than those of Glasgow; that is to say, our best districts are not homogeneously good, while our worst districts are certainly homogeneously bad—in Edinburgh the districts are all homogeneous. In Glasgow the largest proportion of “uncertified” deaths was in Bridgegate and Wynds, 44 per cent.; in Edinburgh, in St. Giles’, 20 per cent. In Glasgow the next largest proportion was in St. Andrew’s Square, 43 per cent.; in Edinburgh, in Canongate, $14\frac{1}{2}$ per cent. Throwing the five worst districts in Edinburgh together, viz., St. Giles’, Canongate, Tron, Abbey, and Grassmarket, we get a group comparable with the worst Glasgow group (IV.), and we find that in the former 15 per cent. of the total deaths were “uncertified,” against 35 per cent. in the latter! The contrast is still more to our discredit when made in reference to the age of the deceased. Below five years of age in the worst districts of Glasgow $50\frac{1}{2}$ per cent. of the deaths were “uncertified,” against 18 per cent. in the worst districts of Edinburgh! Above five years of age in the worst districts of Glasgow 22 per cent. of the deaths were “uncertified,” against 12 per cent. in the worst districts of Edinburgh.

c. Glasgow as compared with certain English Cities or parts of Cities.

I put myself in communication with the Medical Officers of Health of various towns and districts of towns in England, from whom I received valuable information, not, however, with minute details as to age, &c.

1. *Liverpool*.—Dr. Trench states that in 1874 there were 90 per cent. of the total deaths “certified by physicians,” and $5\frac{1}{2}$ by the Coroner, leaving only $4\frac{1}{2}$ per cent. “uncertified.”

2. *Whitechapel, London*.—Dr. Liddle replies:—“The uncertified deaths in the Whitechapel District *do not exceed 1 per cent.*”

3. *St. Giles', London*.—Dr. Ross states that “the total number of deaths registered in St. Giles' District for 1874 was 1247, of which number 8 were not duly certified. . . . There were 108 inquests during the year, in which the causes of death were returned by the jury. These are included in the 1247.” So that in St. Giles' in 1874 there were exactly 90·7 per cent. of the total deaths certified by medical attendants, 8·6 by the Coroner, leaving only ·7 per cent. “uncertified.”

4. *Bristol*.—Dr. Davies sends a very interesting reply, of which I shall subsequently make more copious use. With reference to 1874 he says:—“In looking over my returns I cannot find one uncertified for 1874, except children who died in birth; over those who died before medical attendance could be procured a Coroner's inquest was held in each case.” He also furnishes me with information relative to “the lowest and poorest district in Bristol (St. Philip),” based on the registration of deaths under the new English Registration Act of 1874, which, for the first time, made it imperative on qualified practitioners to certify, which has *always been the case in Scotland*. The Registrar writes to Dr. Davies—“In reply to your letter, since the Act of 1874 has been in force (1st January, 1875), I have not registered a single death without a medical certificate as to the cause of death being produced to me. That, of course, only refers to those cases where the deceased has been attended by a medical man previous to the death. There are, of course, cases where no medical man was in attendance previous to death, and young children who live only a few hours, and

attended only by a midwife, from whom I get a note, and these cases all put together would be about 10 in every 415 deaths registered. I take this estimate by the book I have now in use." This amounts to .24 per cent. of "uncertified" deaths in the "poorest district in Bristol."

d. Information by Registrars-General of England and Scotland.

The Registrars-General of Scotland and England have both taken official notice of the matter of "uncertified" deaths, but the former merely directed attention to the large proportion in certain towns in the Monthly Returns for 1855, and has not adverted to the subject since; while the latter has kept it before the Government and the public from 1858 up to so recent a date as the last five weeks of 1875. The first Monthly Return, issued by the Registrar-General for Scotland, was for August, 1855, and in it Dr. Stark stated:—

"The Mortality Returns from Glasgow, Dundee, Greenock, and Paisley disclose a most painful fact, viz.—that from a fourth to above a third of the population of these towns is unprovided with medical aid during their last illness and death. Thus, in Paisley 22 per cent. of the persons whose deaths were registered during August had 'no medical attendant.' The proportion was 25 per cent. in Glasgow; 41 per cent. in Dundee; and 41 per cent. in Greenock. This is truly a lamentable state of matters. Even in overcrowded London, excluding the cases coming under the notice of the Coroner, only about 4 per cent. have not medical aid during their last illness and death, so that nearly all persons who die there fall under the observation of a medical or legal functionary. Every one can see the importance of this both in a sanitary and medico-legal point of view. If infectious or epidemic disease is allowed to spread unchecked among the poor, it will soon extend its ravages to the wealthier classes; and it cannot be doubted that the presence of a medical practitioner must have a powerful effect in repressing unlawful tampering with human life. It may be mentioned that in Edinburgh 7 per cent. of the deaths had no medical attendant, but the proportion was only 2 per cent. in Aberdeen and Perth."

In September the Registrar-General states:—

"Leaving out of consideration the cases in which the Registrars have entered 'no regular medical attendant,' and no 'immediate medical

attendant,' the following is the proportion of deaths with reference to which it is stated in the Register that there was 'no medical attendant.' In Aberdeen, 5 per cent. ; Edinburgh, 11 ; Leith, 12 ; Perth, 14 ; Glasgow, 22 ; Dundee, 28 ; Greenock, 39 ; and Paisley 41 per cent. of the deceased had 'no medical attendant' during their last illness."

In October he reports:—

"As in consequence of the remarks made on the want of medical attendance, the attention of the Registrars has been directed to this subject, the following statement presents, perhaps, a better indication of the actual deficiencies in this respect than that of any previous Report. Excluding all the cases of sudden death, by disease or accident, as well as all those where the Registrars have noted that the party received casual relief at Dispensaries, Druggists' Shops, or otherwise, the following is the proportion of deaths in the different towns where no medical attendant appears to have been present at the last illness and death:—Leith, 4 per cent. ; Edinburgh and Perth, 12 per cent. ; Aberdeen, 14 ; Glasgow, 19 ; Dundee, 22 ; Paisley, 37 ; and Greenock, 39 per cent."

In the Annual Report of the English Registrar-General for 1858 we find a return of "Deaths registered in the three months ending 31st March, 1858, and number of cases in which the cause of death was certified by the Medical Attendant, or the Coroner, or was not certified; in Divisions, Registration Counties, and Registrars' Subdistricts in England." It must be remembered that in Scotland the Registration Act made it compulsory on the medical attendant to furnish a certificate, but it was not so in England at the date of this Return, nor until 1st January, 1875. Yet we find that in England and Wales, "out of 100 deaths registered, 79 were certified by medical attendants, 4 by coroners, 6 were not certified, because not attended medically, and 11 not certified, the reason being not usually assigned." Regarding these 11 per cent. Dr. Farre accounts for the absence of certificates "in some cases on account of the difficulties of communication which many parts of the country present, in some cases on account of neglect, in a few on account of that perverseness or contumacy that is peculiar to some individuals," referring to the optional nature of

the certificate. We are, however, most interested in the results in large towns, and we may profitably compare the statements of the Scotch Registrar-General regarding the towns of Scotland in 1855 with those regarding certain English cities in 1858. In London, of every 100 deaths registered, 92 were certified by the medical attendant, 5 by the coroner, and 1 had no medical attendant, leaving 2 not certified, and no cause assigned. In Liverpool and West Derby, of every 100 deaths registered, 93 were certified by the medical attendant, 4 by the coroner, $1\frac{1}{2}$ had no medical attendant, and $1\frac{1}{2}$ were not certified, and no cause assigned. The subject is referred to from time to time in subsequent Annual Reports, though only in a general way. In 1867 we are told that in London 93 per cent. of the deaths were certified by the medical attendant, 5 per cent. by the coroner, leaving only 2 per cent. uncertified. The last reference to the subject is under date 10th January, 1876, to illustrate the working of the new Registration Act—

“During the five weeks ending 1st January (1876), of the 8703 deaths registered in London, 7889, or 90·7 per cent., were certified by registered medical practitioners, 654, or 7·5 per cent., were inquest cases, and certified by the coroner, and 160, or 1·8 per cent. were not certified either by registered medical practitioners or coroners. . . . The proportion of uncertified deaths varies considerably in different parts of London. It was, in the five weeks, equal to 1·3 per cent. in the West, 1·0 in the North, 1·6 in the Central, 0·9 in the East, and so high as 3·5 in the South groups of Registration Districts. There would appear to be a well marked relation between the proportion of inquest cases and uncertified deaths. In East London, during the five weeks under notice, the proportion of inquest cases was 10·1 per cent. (against 7·5 per cent. in all London), and of uncertified deaths only 0·9 per cent. In South London, where 3·5 per cent. of the causes of death were uncertified, only 5·8 per cent. of inquests were held. South London is apparently at present the stronghold of unqualified practitioners, and even in cases where the cause of death as returned is unsatisfactory for the purpose of the Register, the coroners do not deem it necessary to hold inquests. The uncertified cause of a death in Peckham, in the week ending 1st instant, was entered in the sixth column of the register as ‘a fit, suddenly,’ and the Registrar reported that the coroner considered it unnecessary to hold an inquest. Unless the Legislature enact that inquests shall be held in all cases where no certificate of a registered medical practitioner is forthcoming, due certification of causes of death in all cases

cannot be obtained. Under the present system, however, there appears to be no satisfactory reason why the causes of nearly four times as many deaths should be uncertified in South London as in East London, and little more than half the proportion of inquests held. The practice in East London or in South London must be wrong."

II.

PROBABLE CAUSES OF THE EXCESSIVE NUMBER OF UNCERTIFIED DEATHS IN GLASGOW.

Having thus at length exhibited the facts as to uncertified deaths in Glasgow, as compared with other towns both in England and Scotland, and, so far as possible, as between England and Scotland generally, we are naturally brought to the consideration of the probable causes of the position which Glasgow occupies, even in comparison with what is possible in Scotland, as illustrated in Edinburgh, and still more with what is effected in England as a whole, but especially in the large towns of England.

Opinions and Statements from various sources.

Before entering upon an independent and consecutive inquiry it may be well to quote the opinions and hints received in correspondence and otherwise in the process of gathering the facts submitted above.

1. *The Registrar-General for Scotland* writes, under date 24th December, 1875:—

"In reply to your letter of the 16th inst., and referring to our recent conversation, I am directed by the Registrar-General to inform you that the great disproportion (6 as against 22 per cent.) between the number of deaths registered in Edinburgh and Glasgow, in which the causes are not certified

by qualified medical practitioners, is very startling. The Registrar-General does not consider that the Registrars in Glasgow are in any way to blame for such an unsatisfactory state of matters, as he has reason to know that they use every effort in their power to get the causes of death properly attested. He believes that the small proportion of cases uncertified in Edinburgh is accounted for, (1) by there being a much larger number of medical practitioners according to the population in Edinburgh than in Glasgow; (2) by the extensive aid rendered by our various dispensaries; and (3) by the commendable practice of our excellent Officer of Health (who is also Surgeon of Police), in voluntarily examining the body and granting a certificate in every case where no medical practitioner has been in attendance upon the deceased, and where the informant refuses to obtain and furnish the Registrar with a relative certificate. The subject, however, is one that can only be effectually dealt with by the Local Authority; and the Registrar-General trusts that, by giving it their most anxious and early consideration, they will be able to devise some means whereby the number of uncertified deaths in Glasgow will soon be very greatly reduced."

2. *Edinburgh*.—Dr. Littlejohn, in sending his valuable Return, says—"Our dispensaries (five in number) and our medical students account for the comparatively small number of uncertified deaths. In the New Town the greater proportion of uncertified deaths consists of people of very advanced years dying suddenly. . . . There would be a larger proportion of uncertified deaths did not the Registrars send persons registering such deaths to give information to the authorities. Inquiries are instituted, and generally I am desired to fill up a medical schedule after due examination."

3. *Whitechapel*.—Dr. Liddle, Medical Officer of Health, Whitechapel, London:—"Medical advice is very easily obtainable in London by all classes. The poor can obtain it from the workhouse, where there are five medical officers, whose duty it is to attend the outdoor paupers. There are two Dispensaries in this district, where medical advice and medicines are given to the poor free of charge. There is also in the district the London Hospital, where persons who are really ill can obtain without much trouble medical advice and medicines free of charge. There can be no doubt that our system of holding coroner's inquests tends to make

our registration of death returns more accurate ; at all events, it tends to make people obtain a medical certificate, for it frequently happens that when a certificate of the cause of death is not obtained an inquest on the body is held."

4. *St. Giles*.—Dr. Ross, Medical Officer of Health, St. Giles', London:—"Under our Poor Law a workhouse, or a hospital, as it is in fact, is provided in each parish, or union of parishes, for the reception and treatment of the most infirm and diseased poor out of work, or not earning sufficient wages. The others are attended at their own homes, or, if they are able, they visit the Dispensary. Medical officers are appointed both for the indoor and outdoor sick, and ample provision is made if the poor choose to avail themselves of it. The Coroner's Court is a sharp check upon negligence or possible crime."

5. *Bristol*.—Dr. Davies, Medical Officer of Health, Bristol:—"Every man in Bristol can procure medical advice and attendance for himself and family most easily by applying to his employer for a dispensary ticket, to which almost all employers in Bristol subscribe (the Dispensary has six young medical officers, all busily employed in attending people at their own houses); by joining benefit societies; by getting a note for the Royal Infirmary or General Hospitals. If unable to get advice in this way, he can apply to the relieving officer for the district for an order for medical attendance by the parish medical officer, even when he does not want material relief. So readily is a coroner's inquiry held here, and so strong is the feeling of the public against such an inquiry over their friends if it can be avoided, and so easily is medical attendance procured, that the result is as I have stated above. . . . I fancy the difference between you and us lies in a more extensive dispensary system here, and more benefit clubs, and greater facilities for getting orders for medical attendance from the relieving officer."

The Registration Acts of England and Scotland compared.

A proper preliminary to any discussion of the results of registration in England and Scotland will be, to compare the Registration Acts in each. The registration of births, deaths, and marriages in Scotland is still carried out under the original Act passed in 1854, amended in 1855 and 1860, while in England a new Act came into operation 1st January, 1875.

In the case of a death under ordinary circumstances in Scotland, the person bound to register must do so "within *eight* days next after the day of such death;" in England "within the *five* days next following the day of such death."

In Scotland "the medical person who shall have been in attendance during the last illness, and until the death of any person," is bound, under a penalty, to "transmit to the Registrar a certificate of such death" within *seven* days after the death; on the expiry of which time the Registrar is required to transmit to the alleged medical attendant a form of certificate partly filled up, which must be returned within *three* days after receipt. In England, "in case of the death of any person who has been attended during his last illness by a registered medical practitioner," he is bound to give a certificate to the person who is the legal informant of the death, and that person on his part is bound, under penalty, to deliver the certificate to the Registrar. If this certificate is transmitted with "a written notice of the occurrence of the death," then "the information of the particulars required by the Births and Deaths Registration Acts, 1836 to 1874, to be registered concerning the death, need not be given within the said five days, but shall, notwithstanding such notice, be given within fourteen days."

In Scotland, in the case of a death not under ordinary circumstances, and especially "not in a house or tenement, *if it shall not be known where deceased lodged or resided,*" or, "in case any person shall find exposed any new-born child, or the dead body of any new-born

child," provision is made for the immediate information of the Registrar, and "the Registrar shall immediately thereupon communicate such notice to the Procurator-Fiscal." In a foot-note to "Regulations for Registrars," issued by the Registrar-General in 1869, in pursuance of the Act, the spirit of this requirement is observed by authorizing a deviation from the letter, thus—"It will be proper for the Registrars to intimate to the Procurator-Fiscal every case of death attended by violence, *or of which the cause is unexplained, even although the residence of the deceased should happen to be known.*" This has a most important bearing on the subject of the present inquiry. In England there are no such instructions as to giving information to the coroner or criminal authorities, as they are unnecessary.

The duties of the Procurator-Fiscal in Scotland, with regard to investigations consequent upon such information, are also so important in their relation to this inquiry that I shall quote the section *verbatim*, viz. :—

"40. Provided always, that in every case in which a precognition touching the death of any person shall be held, the Procurator-Fiscal, having regard to the particulars herein required to be registered concerning the death, shall, in such form and manner as shall be prescribed by the Sheriff, with the approbation of the Lord-Advocate, inform the Registrar of the result of such precognition, and the Registrar shall, without requiring the Procurator-Fiscal to sign the same, make the entry accordingly, stating the Procurator-Fiscal as his informant."

The following is the corresponding Section of the English Registration Act with reference to the Coroner :—

"16. Where an inquest is held on any dead body the jury shall inquire of the particulars required to be registered concerning the death, and the Coroner shall send to the Registrar within five days after the finding of the jury is given, a certificate under his hand, giving information concerning the death, and specifying the finding of the jury with respect to the said particulars and to the cause of death, and specifying the time and place at which the inquest was held, and the Registrar shall in the prescribed form and manner enter the death and particulars. If the death has been previously registered, the said particulars shall be entered in the prescribed

manner without any alteration of the original entry. Where an inquest is held on any dead body no person shall, with respect to such dead body or death, be liable to attend upon a requisition of a Registrar, or be subject to any penalty for failing to give information in pursuance of any other provision of this Act."

Finally, there is a most important provision in the English Registration Act with reference to "still-born children" which is not present in the Scotch Act. It is made a criminal act to "bury or procure to be buried the body of any deceased child as if it were still-born," and no burial of a still-born child is permitted without ample specified evidence of the fact of still-birth.

There are, therefore, important differences between the Registration Acts of England and Scotland, the general effects of which are (1) to expedite registration of deaths, and thereby to bring the circumstances under which they occurred earlier under scrutiny in England than in Scotland, (2) to expedite also the production of the certificate of the medical attendant in England. Indeed, it is evident that in England the certificate will be produced on the first appearance of the informant before the Registrar, *i.e.*, "within five days," while in Scotland practically ten days will elapse before the certificate is received, which also involves the still more serious consequence, that where wrong information has been given, or from any cause the medical man named will not certify, the Registrar may remain ignorant of the fact until nearly a fortnight after the decease, when the body is buried and satisfactory inquiry is next to impossible. In 1874 there were in Glasgow 552 deaths, in which no certificates were ever received, although the name of a medical attendant was given. As practitioners are bound to certify where they attended "during the last illness and until the death," the name of the attendant must in those cases have been untruly given; but the fact might not be ascertained until the eleventh day after the death, and could not be before the eighth. In England, also, a premium is put upon the possession of a medical

certificate, by allowing the informant to transmit it to the Registrar and defer personal attendance for registration for fourteen days.

Apart from details, there is an important difference in principle between the relative position of the informant, the Registrar, and the medical attendant, in England and Scotland. In the Scotch Act, as originally passed, the medical man was practically compelled to be the informant of every death in his practice, as it was simply enacted that he "shall transmit to the Registrar a certificate of such death." But in the Amendment of 1860, the Registrar was required to "transmit a form of certificate." Still, it will be observed that while in England the friends of the deceased intervene between the medical man and the Registrar, in Scotland the Registrar applies directly to the medical man, to whom he is simply referred by the friends. In England the doctor is bound to give the certificate to the friends of his deceased patient, who again are equally bound to produce it to the Registrar. In Scotland the doctor is bound to give the certificate to the Registrar when he asks it. The only advantage of the latter method is the dubious one of secrecy. There are causes of death which the private attendant may object to certify through the relatives. The disadvantages are very obvious, both as regards the service of the State and the relations of the parties. (1) In England the duty of giving scientific information of the cause of death of the deceased is imposed, along with the duty of lodging information of the fact, upon the relative or informant. The State removes all difficulty in the way of getting this information by compelling the physician to give it, and it insures the delivery of the information when given by compelling the relative or informant to deliver it. (2) In this way there can be no deception. The relatives will not ask a certificate from a man who never saw the deceased, or who did not actually attend the deceased "during his last illness;" nor can the relatives delay avowing the facts to the Registrar. Neither can it ever happen, as often happens in Scotland, especially in hospital practice, that the relatives get

the medical certificate, neglect to lodge it, or never register at all, and the Superintendent requires to procure a duplicate and register. (3) It seems also a more pleasant method of obtaining the certificate to leave it as a transaction between the attendant and the relatives of deceased, who are already in contact, rather than directly between the attendant and the State. Besides, in a mere business aspect, a transaction by correspondence is never done so promptly and punctually as face to face, especially when one of the parties is a practitioner, generally overwhelmed with work.

Another most important difference between the English and Scotch Registration Acts, also to the disadvantage of the latter, is in relation to the "findings" of the Coroner's Jury, and the "precognitions" of the Procurator-Fiscal. This is entirely independent of the comparative merits of the two systems. There are no instructions in the English Act as to the giving of information to the Coroner, because his court existed long before the institution of systematic registration, and has cognizance, by independent enactments, of the cases which the Scotch Registrars are bound to report to the Procurator-Fiscal for the County. But while the Coroner is ordered "*within five days* after the finding of the Jury is given" to inform the Registrar "of the particulars required to be registered concerning the death," *in all cases of inquest*, the Procurator-Fiscal is merely required to "inform the Registrar of the result of such precognition," without specification of the period within which he shall lodge the information. Practically, indeed, the Scotch District Registrar discharges the functions of a Coroner, especially in reference to the class of cases embraced by the Registrar-General's "instruction" as to deaths, "the cause of which is unexplained." He does so under great disadvantages, inasmuch as he must base his judgment upon the *ex parte* statements of those most likely to be implicated in a criminal sense, viz., those who present themselves as informants of the death. The scope of the Coroner's is also wider than that of the Fiscal's inquiry,

the object of which is the detection of crime, while the inquest leads to a "finding" as to the cause of death in all cases, whether criminal or not. That this is the real position of the Scotch Registrar cannot be better proved than by quoting the description of his work, and his impressions of its results given to me by the Registrar of one of the Districts of Glasgow, under date 17th April, 1875. After detailing the injunctions of the Registration Act as to the cases to be reported to the Fiscal, which have already been fully stated, he proceeds :—

"In addition to these cases, my own practice (which, I believe, is the common practice among Glasgow Registrars) is to report cases in which there seems to me to be *suspicious circumstances*, and accidents where persons other than the deceased may seem to be to blame. "Bowel Hives" is a term not used by me, but if I were informed that a child had died from "Teething and Convulsions," and had only been seen by a medical man at his Dispensary, I would not report it unless I had some grounds to suspect the truth of the statement. Cases of "Overlying" are rare with me, but are reported when they occur, whether they are certified or not. Regarding this matter generally, I have long been of opinion that there is a large amount of culpable neglect, and even cases which fall little, if any, short of criminal offences against life, and that cases which are reported as instances of overlying or suffocation are probably not the worst; but that many which are reported as arising from natural causes, such as Premature Birth, Debility, Bronchitis, Teething, and Diarrhoea, &c., are much more suspicious. At present, however, people cannot be compelled to call in medical aid, Registrars are liable to be imposed on by the statements of the informants, and there is no Court for the investigation of suspicious cases."

In this comparison of the Registration Acts of England and Scotland we have almost exhausted the first subdivision of the two into which the second division of our Report resolves itself, viz., (1) The means provided for enforcing the more general production of certificates of death, and of instituting an investigation into the circumstances attending deaths regarding which no certificate is produced. (2) The facilities afforded to the poor in Glasgow for obtaining gratuitous medical advice and medicine under the Poor Law, and by charitable institutions, such as dispensaries and hospitals.

(A.) THE MEANS PROVIDED FOR ENFORCING THE PRODUCTION OF
CERTIFICATES, AND INVESTIGATING THE CIRCUMSTANCES
ATTENDING UNCERTIFIED DEATHS.

1. *The Registrars.*—We have seen that in Scotland the uncertified deaths are primarily inquired into by the Registrars, and we have obtained a very fair idea of the defects of this system from the statement of one of themselves, whose opinion may be taken as representative. It must be apparent that these defects are inherent in the system, and are not to be attributed to the manner in which the system is carried out. The Registrars act up to the full extent of their powers, and the Registrar-General, by his instructions as to reporting to the Fiscal for inquiry, deaths “of which the cause is unexplained,” enables the Registrars to the best of their judgment to bring under the notice of the Fiscal cases which do not strictly come within the terms of the Act.

2. *The Fiscal.*—We have now, therefore, to push the inquiry still further, and ascertain what results as regards the purposes of the Registration Act follow the investigations of the Fiscal for the County. The materials for this branch of the report have been collected and put into my hands by Mr. Lang, Clerk to the Local Authority. They are “Returns of Sudden Deaths reported to the Sheriff’s Authorities during the last three years [viz., 1872-3-4] by the Registrars. . . . Copy letter from Mr. Hart, Procurator-Fiscal, dated 21st August, 1875; also copy of the Criminal Returns by Chief Constable for the years 1872, ’73, and ’74, Table 19 of which contains all the information he is able to give on the above subject.” The Table referred to in the Chief Constable’s Annual Returns shows the “number of fatal accidents, sudden deaths, suicides, &c., reported to the police” in each year; but it is evident both from the details of the cases given, and from the close agreement of the total cases reported, viz., 1486 to the police,

and 1428 by the Registrars to the Fiscal in the three years, that practically we have to deal with the same facts in both Returns. As in the Registrars' Returns we have also a statement of the results of the Fiscal's investigations, in so far as they contributed to the object of Registration, I shall confine my attention entirely to those Returns. I am assured by each Registrar individually, and specifically, that those Returns are absolutely correct, and account for all the "precognitions" received regarding the cases reported up to the middle of October, 1875.

It may be well first to give the Fiscal's explanation of the procedure adopted in reference to cases reported for investigation. The following queries were put by Mr. Lang, under date 29th July, 1875.

"1st. The number and description of cases of sudden death reported to you by the Police and the City Registrars during the last three years ?

"2nd. The description of procedure adopted in the inquiry and investigation regarding these cases ?

"3rd. The results of the investigations and procedure ?"

It is to those queries that reference is made in the reply, dated 21st August, 1875.

"In answer to yours of the 29th ultimo, you can readily obtain from the Police and District Registrars, respectively, the information desired under the 1st head; and as in all cases of sudden death where an investigation is made by the P. F. a Schedule, revised by the C. C., is furnished to the District Registrars, giving the result of the inquiry, you can from them get the information asked under the 3rd head. As to the 2nd head, I may state generally that in the majority of the cases investigated a *post mortem* examination was made and precognition taken; in those cases where no *post mortem* was considered necessary, a precognition alone was taken; and in a few cases where the *post mortem* failed to disclose the cause of death there was made by special instructions of C. C. a chemical analysis of the stomach and contents."

I now submit a Tabular Statement, compiled from the detailed Returns furnished by each Registrar, of the reports made by the

Registrars of the ten registration districts of the city (abolished 1st Jan., 1875) to the Procurator-Fiscal in the years 1872-3-4, showing the results as regards registration under three divisions, viz., (1) the number for which precognitions were received, and which were in consequence certified, (2) the number otherwise certified, and (3) the number still remaining uncertified. (See Table III., Appendix). The total number reported in the three years was 1428, and the result was that up to October, 1875, precognitions had been received for 524, certificates were otherwise obtained for 316, and 588 still remained uncertified; or to put it proportionately: Precognitions were received for 37 per cent. of the cases reported, 22 per cent. were otherwise certified, and 41 per cent. continued uncertified.

I have classified those 588 deaths for which no precognitions were received, and which still are uncertified, according to the causes to which death was attributed, so as to give a *prima facie* idea of the circumstances under which they occurred. The following is the result:—

REGISTERED CAUSE.	No. Under 5 Years.	No. Above 5 Years.	TOTAL.
Sudden,	19	81	100
Found Dead,	5	19	24
Overlain,	17	...	17
Drowned, ... ..	...	125	125
Suicide, ... ..	...	17	17
Suffocation,	1	5	6
Accidents,	20	77	97
Exposure,	3	3	6
Unknown,	27	26	53
Various Diseases, ...	52	91	143
Totals,	144	444	588

A most important *prima facie* element of suspicion in the uncertified death of a child is the fact that it is illegitimate. My information on this point only includes two years, 1873-74, during which there were 106 deaths of children under 5 years reported to the Fiscals by the Registrars *regarding which no precognition was*

received, and of these 21 were illegitimate. It is of itself a grave fact that 20 per cent. of those deaths were illegitimate, whereas of *all the other deaths* under 5 in the City in these years only 11 per cent. were so; and when we look at the causes of death of those 21 illegitimate children as registered, the circumstances seem still more loudly to suggest suspicion.

*Uncertified causes of Death of 21 Illegitimate Children reported to Fiscal,
but no precognition received, with their Ages.*

4 days,	..	...	...	...	"Overlain."
6 "	...	...	...	...	"Convulsions."
3 weeks,	...	...	...	...	"Unknown, sudden."
23 days,	...	...	...	..	"Not ascertained."
1 month,	...	...	...	...	"Sudden Death."
1 "	...	...	...	...	"Bronchitis."
1 "	...	...	...	...	"Hooping-cough."
5 weeks,	...	...	...	...	"Debility."
2 months,	...	...	..	...	"Unknown, sudden."
8 weeks,	...	...	...	...	{ "Teething, Inflammation of Bowels."
11 "	...	...	..	...	"Unknown."
4 months,	...	...	...	...	"Sudden Death."
4 "	...	...	...	...	"Not ascertained."
5 "	...	...	...	...	{ "Cause of Death unknown, probably Bronchitis."
7 "	...	...	...	...	"Unknown."
8 "	...	...	...	...	"Croup."
9 "	...	...	...	...	"Sudden Death."
11 "	...	...	...	...	"Teething."
11 "	...	...	...	...	"Unknown."
13 "	...	...	...	...	"Injury to head from a fall."
4 years,	...	...	...	...	"Scarlet Fever."

It will be observed that only two of these 21 Illegitimate children were *out of their first year*. Of all the deaths under five years reported to the Fiscal, but no precognition received, fully three-fourths had not surpassed their first year. I have chosen to give in detail the "uncertified" causes of death of the Illegimates, because of the well-known extra risk attending their lives, and the

consequent extra suspicion which ought to follow their deaths; but we find equally dreadful entries regarding Legitimate children, all which were duly reported to the Fiscal, *e.g.*, the not infrequent entry, "Overlain," which simply expresses a theory or guess at the explanation of the only undeniable fact that *a child has been suffocated*; there is also the extensive and most accurately styled class of "Unknown;" or the simple record of the fact, without the guess at its explanation, "Found dead in bed." One extraordinary instance of precocious disease is that of a child who only lived 28 hours, and yet is said to have died of "*Inflammation of Bowels*!"

3. *Comparative Registration Results of Inquiries by Coroner and by Fiscal.*—The number of deaths reported to the Fiscal by the Registrars, as in their opinion requiring some further investigation, amounts to 3·2 per cent. of the total deaths registered by them in the three years, while the number regarding which "precognitions" were subsequently received amounts to only 1·1 per cent. of the total deaths. It is important to contrast those numbers with the proportion of the total deaths in certain of the English towns, on which inquests were held and the "finding" registered. A reference to a former part of this Report will furnish numerous precise statements at various dates, both regarding all England, and towns and districts of towns; but for a more exact comparison, we may quote the returns for the three years to which the Glasgow statistics refer.

Percentage of Total Deaths Registered upon Information of Coroner.

	1872.	1873.	1874.	Average.
In 18 Large Towns,	6·3	6·6	6·3	6·4
London,	6·8	7·3	7·2	7·1
Bristol,	6·5	4·8	5·9	5·7
Birmingham,	8·9	9·1	7·6	8·5
Liverpool,	6·7	6·7	5·5	6·3
Manchester,	7·5	7·7	7·9	7·7

(B.) THE FACILITIES AFFORDED TO THE POOR IN GLASGOW FOR OBTAINING GRATUITOUS MEDICAL ADVICE AND MEDICINE, (1) UNDER THE PROVISIONS OF THE POOR LAW, AND (2) BY CHARITABLE INSTITUTIONS, SUCH AS DISPENSARIES AND HOSPITALS.

It is certainly of great importance to ascertain even after death the cause which produced death, whether it be a diseased process, or a violent interference with life, but it is much more satisfactory to be able to state that a very large proportion of the deaths took place under circumstances which enabled the causes to be, so far as medical knowledge goes, determined before death. We have in the latter case some evidence that during life the deceased received such comforts and medical attendance and medicines as ought to be within the reach of every member of a civilized community. The only satisfaction to the humane mind, and indeed to the guardian of the public health, or the statesman, to be derived from careful official investigation of the causes and circumstances of death *after the fact*, arises from the conviction that in this way only can defects in the provision made for the care of the sick be ascertained. If it is found that ample provision exists, then it becomes a question for serious consideration how to encourage or even to compel resort to those provisions; but it is cruel to run the risk of punishing people for not using that which we have not first assured ourselves can be easily obtained, and it is bringing unwarranted scandal on our common humanity to speak of want of care for their sick, or of criminal neglect, unless we can point to abundant opportunities which have been deliberately neglected. We now therefore take up that branch of our inquiry already described.

First.—Under the Provisions of the Poor Law.

By instructions of the Committee I addressed a series of queries to the Inspectors of Poor of the three Parishes of Barony, City, and

Govan, into which this City and Suburbs are divided. I also sent copies of the same queries to the Parishes of Edinburgh, and to the City Parish of Liverpool, for the purpose of comparing the replies.

I now submit the queries in succession, with the answers received subjoined to each. (See Appendix IV.)

The general effect of these answers may be shortly summarised.

a. (Queries 1 and 2.) The Number of Outdoor Medical Officers, and the Size and Population of their Districts.—To enable the Committee more easily to understand the parochial subdivision of the City for medical purposes, I have had prepared from maps, kindly lent to me by the Inspectors, and from the boundaries described in the official documents furnished, a map showing the limits of the three parishes, and the medical subdivisions of those parishes. The private surgery of each district physician is also indicated by a red dot, and the several parochial dispensaries by a red star. The population of each district is not known in the Barony and City Parishes, but is estimated for the Govan Parish at from forty to fifty thousand each. By taking the population as in 1871, and dividing it by the number of medical officers, we get in round numbers an average for the Barony of 18,600, for the City of 20,000, for Govan Combination of 33,000. These figures may be tolerably correct for the City Parish, but must be much below the actual average of the other parishes, especially of Govan. In the same way the average population of the medical subdivisions of the two parishes of Edinburgh is found to be—City Parish, 15,500; St. Cuthbert's Combination, 23,400; while the average of Liverpool Parish is 21,400.* It is most important to observe that, as regards paupers on the roll, practically *each of our parishes divides the whole City into Medical Districts*, so that

* It must be remembered that these averages are, in all cases, from the entire population, urban and suburban, where the Parish has a suburban or landward portion.

a registered pauper may live a very great distance from the District Surgeon of his own parish who is detailed to attend that portion of the City in which he resides. Recent displacements of the poorer population must have sent many paupers into other parishes.

Salaries of Medical Officers.—In Glasgow and Edinburgh the general salary of Parochial Surgeons is £60, to which in some cases additional fees accrue, ranging from £5 to £10. In Liverpool the general salary is £135. No difference is apparent in the work done to account for this extraordinary contrast.

b. (Queries 3, 4, 5, 6). *Principles on which Medical Relief is granted, and the method of obtaining it.*—Medical relief is in all cases obtained in the same way as ordinary relief, by application to the Inspector, or in England to the Relieving Officer. Only paupers on the roll can go direct to the parochial surgeon. On presentation of their ticket they get advice and medicine. The Inspector of Barony seems to indicate that his surgeons “give advice without reference here [*i. e.*, to the Inspector], making no charge,” but this is more probably done in virtue of their being members of a humane profession than from their official position, and in any case there is no indication of prolonged attendance or dispensing of medicine from the parochial funds in such cases. All the other parishes both in Scotland and England state explicitly that their surgeons are only accessible in their official capacity through their Inspectors and Relief Committees. As to the principles which guide the administration of medical relief, there is some evidence of different degrees of liberality, but it is better to leave the answers to speak for themselves in this respect.

Query 3.—*Do your Medical Officers give advice to any poor person who asks it, or only to paupers on the roll; or is it necessary that the applicant should apply first at the parochial rooms and obtain a line from the Inspector to present to the Medical Officer?*

Barony.—Could not be answered till special inquiry was made at the Doctors. The answer I get from them, without exception, is that they give advice without reference here, making no charge. Any cases specially dealt with as paupers must come through the Inspector.

City.—They attend to all paupers requiring medical advice on production of their tickets. Other persons must apply at the Parochial Chambers for an order.

Govan.—They give medical advice to all the paupers in their districts, and to any others when requested to do so by the Inspector. The paupers are attended to on presentation of their tickets.

Query 4.—*In the latter case, are all persons pleading inability to pay for medical attendance furnished with the necessary line by the Inspector, or on what principle is it determined whether the required medical relief shall be granted, particular reference being made to applications on behalf of children?*

Barony.—A line is given for the Surgeon to report the nature of the case, the Inspector or Committee affording medical relief if they think necessary.

City.—All persons unable to pay for medical assistance for themselves or children are granted an order.

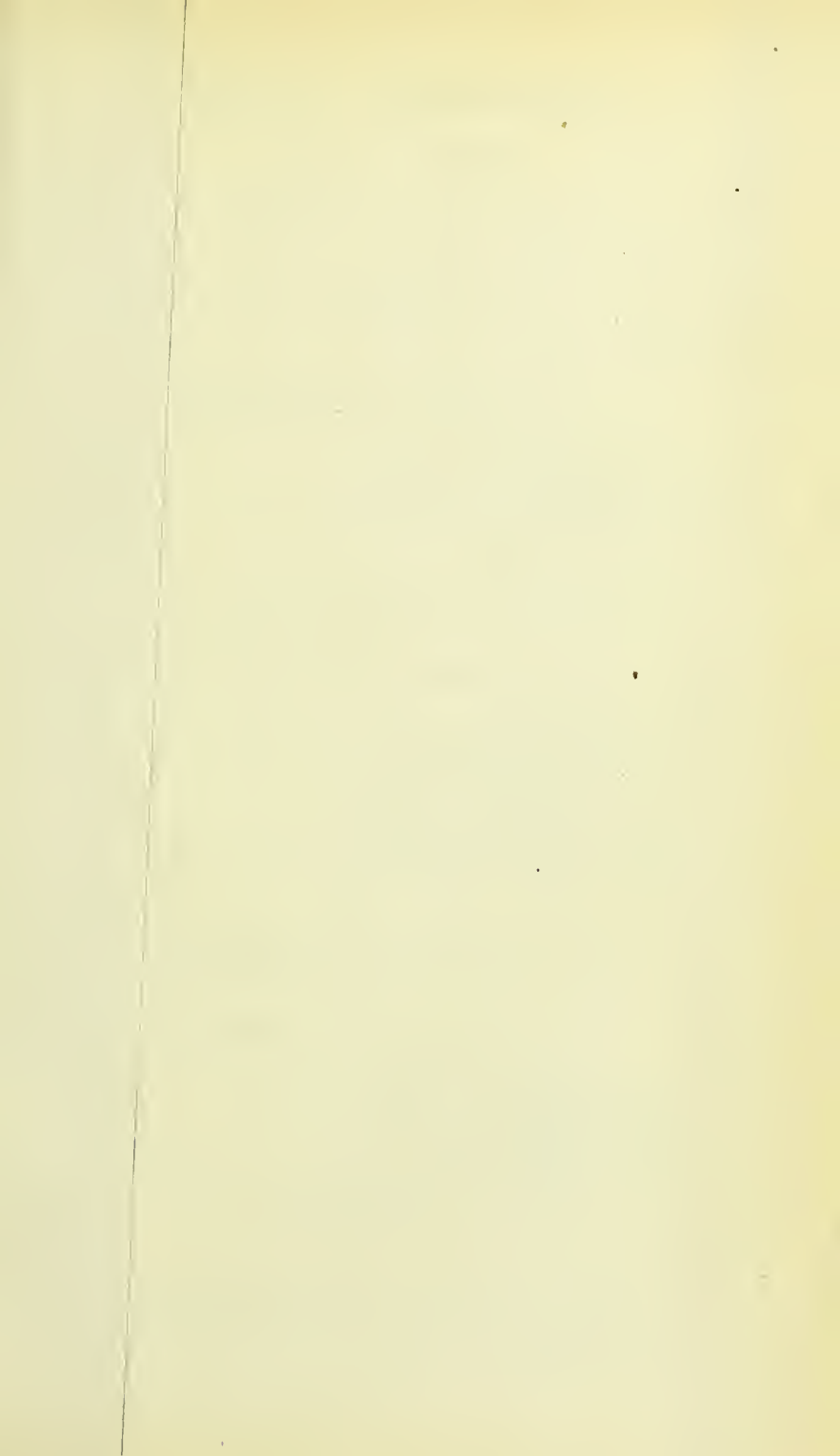
Govan.—In the case of applicants for medical relief only, it is only granted where in the opinion of the Inspector the parties are in such poor circumstances as to be unable to pay for a medical man themselves. This remark applies to cases where the relief is asked for children. If a man is out of work, though able-bodied, and if his children or wife are seriously ill, we generally grant an order.

In Edinburgh distinct reference is made to the charitable dispensaries as taking up a class of applicants whom the Inspectors there believe not to come within the legitimate scope of the provisions of the Poor Law. None of the parishes “claim admission of liability from applicant’s parish of settlement when only medical relief is asked and granted,” with a partial exception in the case of Govan, “unless it is of a very extensive description.” As to informing the poor in general “how and where to obtain medical relief,” the registered paupers are fully instructed on their relief tickets, but no general information is given. Govan explains—

“We do not profess to supply medical relief to others than paupers, and, of course, do not give any intimation of such.”

c. (Query 7.) *Provision of Medicines, and how and where Dispensed.*—The practice of requiring the Parochial Surgeon to supply medicines has long been entirely abandoned. All the prescriptions given by the urban medical officers are made up at certain dispensaries specially provided by the parish. The City Parish has two such dispensaries, in Trongate and in Parliamentary Road. The Barony Parish has one dispensary for the eastern part of their parish, viz., in George Street, Mile-end; and two for the western, viz., in Cowcaddens and in Anderston. All the Govan Parish east of Stanley Street, Kinning Park, is supplied from one dispensary, in Nicholson Street. On reference to the position of the Barony and Govan Dispensaries, especially the former, as shown in the map, it will be apparent that the poor must in many cases have very long distances to go for their medicines; and the same remark applies as in the case of medical attendance in reference to those registered paupers who are scattered over the City. As to the hours at which those dispensaries are open, paupers have evidently as much facility as the general public. In St. Cuthbert's Combination Parish, Edinburgh, there is an apothecary's shop *in each medical subdivision*, six in number, to which by arrangement paupers may take their prescriptions.

d. (Query 8.) *The Extent to which Outdoor Parochial Medical Relief was given in 1874.*—In all instances the information furnished is unexpectedly vague and defective. The City Parish distinguishes between paupers and those who get mere medical relief, but the other parishes seem to make no such distinction, while Govan explains that the number given “includes many applicants for relief who were either sent to the Poorhouse or refused.” It is perfectly certain, therefore, that the round numbers given, if taken as statement of the extent of pure



COMPARATIVE STATEMENT of the MEDICAL CHARITIES of GLASGOW, EDINBURGH, and LIVERPOOL in 1874.

Year Quoted.	NAME OF CHARITY.	Established.	NO. OF PATIENTS TREATED.			CONFINEMENTS.		Number of Beds.	OUTDOOR PATIENTS CLASSIFIED AS—		FINANCE.			
			At Home.	At Dispensary.	In Hospital.	At Home.	In Hospital.		Medical.	Surgical.	Ordinary Income.	Ordinary Expenditure.	Income derived from Capital, chiefly vested.	
GLASGOW.—Urban Population, 525,448. Births, 20,963.														
1874	Royal Infirmary,	1794	...	14,410	5246	...	...	584	6,134	8,276	£19,751	£21,042	£2,788
1874-5	Western do.,	1874	...	5,916	1,408	...	...	200	3,270	2,646	8,050	9,449	...
1874	Maternity or Lying-in Hospital,	1834	...	...	...	986	305	24	...	...	850	848	...
1874	Medical Mission,	1867	1,556	9,083	...	...	...	...	?	?	848	785	...
Total,			1,556	29,409	6654	986	305	808	9,404	10,922	£29,499	£32,124	£2,788	
Rate per 1000 of Population, and of Confinements per 1000 of Births,...			2·9	55·9	12·6	47·0	14·5	...	...	...	...	...	...
EDINBURGH.—Urban Population, 211,691. Births, 6839.														
1874	Royal Infirmary,	1736	...	...	4700	...	...	565	...	...	£19,874	£22,072	£5,520
1874	Royal Dispensary and Vaccine Institution,	1776	2,133	6,563	...	369	...	...	7,196	1,500	319	312	180
1873	New Town Dispensary,	1815	4,053	5,359	...	230	...	...	?	?	547	422	...
1874	Medical Mission,	1841	1,884	5,134	...	332	...	...	?	?	500	500	...
1874	Fountainbridge Dispensary,	1870	500	1,700	...	...	...	...	?	?	77	98	...
1874	Royal Hospital for Sick Children,	1860	664	3,171	361	...	...	72	?	?	2,235	2,125	250
1874	Chalmers' Hospital,	1864	...	2,384	283	...	...	40	?	?	1,377	1,377	1,400
1874	Royal Maternity Hospital,	1843	...	...	...	199	161	12	...	...	488	496	37
1874-5	Medical Mission Training Establishment and Dispensary,	1858	?	3,500	?	160	...	13	?	?	1,065	1,043	...	
Total,			9,234	27,811	5344	1290	161	702	7,196	1,500	£26,482	£28,446	£7,387	
Rate per 1000 of Population, and of Confinements per 1000 of Births,			43·6	131·3	25·2	188·6	23·5	...	...	...	...	...	...
LIVERPOOL.—Urban Population, 510,640. Births, 19,860.														
1874	Liverpool Dispensaries,	1778	20,575	52,763	...	...	...	...	58,963	14,175	£5,551	£4,870	£565
1874	Royal Infirmary,	1749	...	4,099	2680	...	...	270	300	3,799	9,560	9,560	780
1874	Royal Southern Hospital,	1841	...	5,561	2200	...	...	200	337	5,224	7,760	6,931	693
1874	Northern Hospital,	1834	...	3,162	1900	...	...	144	140	3,022	7,179	6,652	486
1874	Stanley Hospital,	1867	...	9,853	70	...	...	20	7,506	2,347	695	819	...
1874	Infirmary for Children,	1851	...	7,949	484	...	...	80	7,159	790	2,711	2,621	180
1874	Ladies' Charity and Lying-in Hospital,	1796 and 1841	...	9,191	129	1731	143	37	?	?	2,245	2,000	278	
Total,			20,575	92,578	7463	1731	143	751	74,405	29,357	£35,701	£33,453	£2,982	
Rate per 1000 of Population, and of Confinements per 1000 of Births,			40·2	181·2	14·6	87·1	7·2	...	...	...	...	...	...

medical relief, or even of total outdoor medical relief, will furnish us with a maximum estimate. These numbers then being—Barony, 7500; City, 4500; Govan, 5700; we get a total of 17,700 persons. The population of the united parishes was 636,000 in 1874, so that we have 28 per 1000 of population as the maximum limit. The return made by the Parish of Liverpool, which is more probably correct, *i.e.*, not so probably in excess, gives $35\frac{1}{2}$ per 1000 of the population in 1871, which will be about the population of 1874, as, like our own City Parish, it does not receive the growth of the City, but is more likely stationary or even declining. In 1874 the medical officers of Whitechapel Union gave advice to 49 per 1000 of the population. That 28 per 1000 is in excess of the outdoor medical relief afforded by the parishes of Glasgow is conclusively proved by this, that if we take from the Board of Supervision's Report for 1871-72 the *total poor* returned by the Glasgow parishes as "*Casual or Unregistered Poor relieved during the Year*," we find that they amount to 27 per 1000 of the population in 1871; the "*Registered Poor*" being $43\frac{1}{2}$ per 1000.* The corresponding numbers for the Edinburgh parishes are—casual poor, 42 per 1000; registered poor, 46 per 1000. The outdoor medical relief of St. Cuthbert's Combination Parish in 1874-5 amounts only to $18\frac{1}{2}$ per 1000 of the population in 1871.

Second.—By Charitable Institutions, such as Dispensaries and Hospitals.

Opposite this page is a "Comparative Statement of the Medical Charities of Glasgow, Edinburgh, and Liverpool," compiled from the annual reports of those institutions for 1874. The statement contains the number of patients treated by each

* In 1874 the casual poor relieved in Glasgow only amounted to $18\frac{1}{2}$ per 1000 of the estimated population of the three parishes; the registered poor to $35\frac{1}{2}$.

charity at the homes of the patients, at the dispensary, and in hospital, distinguishing where possible the number of out-patients whose cases were classified as medical or surgical; the number of women attended in childbirth at their own homes and in hospital, and the number of beds in the hospitals. The ordinary income, ordinary expenditure, and income derived from vested capital are also stated. Special hospitals or dispensaries for the eye, the ear, the skin, &c., and lock-hospitals are not included.

a. Account of Medical Charities of Glasgow, Edinburgh, and Liverpool.

Glasgow.—In Glasgow there are four Medical Charities, viz., the Royal and Western Infirmaries, which are general hospitals, and have each attached to them medical and surgical dispensaries for out-patients; the Maternity or Lying-in Hospital* and the Medical Mission. The only institution which provides attendance at the homes of the poor is the Medical Mission, and it alone supplies the sick with medicines as well as advice. In 1874 it had only one dispensary, at 29 Havannah, but in September, 1875, another was opened at 19 South Coburg Street. There are two “Bible-women nurses” attached to the Mission for home work.†

All the dispensaries are free to all comers, but for the hospitals “lines” are required from subscribers.

* I am informed that the University Lying-in Hospital, which, however, only provides attendance in childbirth at home, has had a very limited practice, which will not materially affect the question, and that it will be given up.

† The necessities of our sick poor seem to be attracting attention. Since this Report was completed, I have become acquainted with two dispensaries to which the Rev. A. M. Smith, M.B., has devoted himself—(1) Anderston Medical Mission, 43 North Street, opened early in 1875, chiefly for the sick poor of Anderston U.P. Church; and (2) Cowcaddens Medical Mission, 9 Maitland Street, opened in November last. This is a step in the right direction, but it is desirable for economy and the greatest good of the greatest number to have organization under one centre.

Edinburgh.—In Edinburgh there are nine Medical Charities, viz., two general hospitals, the Royal Infirmary and Chalmers' Hospital, to the latter of which a dispensary is attached; two special hospitals, the Royal Hospital for Sick Children, and the Royal Maternity Hospital, to both of which dispensaries are attached; and five dispensaries, the Royal Dispensary and Vaccine Institution (established in 1776, and incorporated by Royal Charter), the New Town Dispensary, the Medical Mission, the Medical Mission Training Institution and dispensary, and the Fountainbridge Dispensary. All those dispensaries furnish medicine, and all provide for the visitation of the sick at their own homes when unable to attend in person. The dispensary attached to the Children's Hospital also provides attendance upon sick children in their own homes. All the dispensaries have arrangements for medical aid in childbirth at the women's own houses, and there is also the Royal Maternity Hospital, which both gives accommodation for confinements in hospital, and provides attendance at home. The best known medical men in Edinburgh are on the acting staff of those dispensaries, and the manner in which they are associated with the practical instruction of the Edinburgh Medical Schools is well worth attention. The following information, provided by a distinguished pupil of that school, will be read with interest:—

“ There are dispensaries in certain poorer districts, both in the Old and New town—*e.g.*, Richmond Street, Fountainbridge, Rose Street, &c. A student may enter his name at whichever place is most convenient for him; a physician attends for an hour daily, each one having one or two days in the week. The patients who are able to apply personally for advice are examined by the students under the physician's superintendence, and the names of those who are not able to attend are taken down, and each student gets his share of them to visit. He has a visiting-book and prescription forms supplied him. When the student has a serious case on his visiting-list, he calls in the physician under whom he is acting. Midwifery is conducted on the same system, but an additional fee is charged for it. It makes no pecuniary difference to the physician whether he has many students or not. I may add that dispensing is done gratis, and also that

the fee charged is £1 1s. for each branch of dispensary work, viz., Visiting, Midwifery, and Dispensing. The Edinburgh plan of visiting patients at their houses is, I think, an admirable one for developing a student's resources; and, from what I have seen, the poor people seem to be well looked after and to be duly grateful."

Admission to the benefits of the dispensaries and hospitals of Edinburgh is open to all, without "lines" from subscribers.

Liverpool.—In Liverpool there are seven Medical Charities, viz., four general hospitals, the Royal Infirmary, the Royal Southern Hospital, the Northern Hospital, and the Stanley Hospital, to all which dispensaries are attached; the Infirmary for Children and the Ladies' Charity and Lying-in Hospital, which have dispensaries as well as beds. The latter also has an extensive midwifery practice at the homes of the women, and a limited number of beds for confinements in the institution. The town is divided into eight districts, with a midwife resident in each, and an honorary medical officer for each. But the most remarkable of all the medical charities of Liverpool is the Liverpool Dispensaries, three in number, which are amalgamated under one Committee of Management, with a paid secretary and central office. The dispensaries are called respectively the North, South, and East, and have each an area of the town allotted, with boundaries which are defined on the recommendation slips, which "cannot be received unless they are actually filled up and signed by a subscriber to the charity; and it is hoped that every subscriber will satisfy himself that the object of his recommendation is unable to pay for medicine as well as advice." To each dispensary there is attached a staff, the total consisting of 13 consulting medical officers, 17 ordinary medical attendants, 3 resident house-surgeons, 6 assistant house-surgeons, and 4 apothecaries. The poor are attended at their own homes as well as at the dispensaries, and medicine is supplied in all cases.

b. Comparative Extent of Charitable Medical Relief in the three Cities.

We shall now compare the exact extent of charitable medical relief bestowed by the charities which we have enumerated and described. The details of all our facts are contained in the Table already given. The following shows the number of patients treated in the three cities in the year 1874, omitting midwifery meanwhile:—

	Glasgow.	Edinburgh.	Liverpool.
Number treated at Home, ...	1,556	9,234	20,575
Do. at Dispensary, ...	29,409	27,811	92,578
Do. in Hospital, ...	6,654	5,344	7,463
Total,	<u>37,619</u>	<u>42,389</u>	<u>120,616</u>
Population in 1874, ...	525,448	211,691	510,640

Number per 1000 of population of patients:—

	Glasgow.	Edinburgh.	Liverpool.
Treated at Home, ...	3	44	40
Do. at Dispensary, ...	56	131	181
Do. in Hospital, ...	13	25	15
Total per 1000 of population,	<u>72</u>	<u>200</u>	<u>236</u>

So that in Edinburgh and Liverpool it may be said that the proportion of the population who receive charitable medical aid in sickness is three times greater than in Glasgow.

The following are the facts as to childbirth:—

	Glasgow.	Edinburgh.	Liverpool.
Confined at Home, ...	986	1,290	1,731
Do. in Hospital, ...	305	161	143
Total, ...	<u>1,291</u>	<u>1,451</u>	<u>1,874</u>
Number of Births in 1874, ...	20,963	6,839	19,860

Number per 1000 of Total Births in 1874:—

	Glasgow.	Edinburgh.	Liverpool.
Attended at Home, ...	47	189	87
„ in Hospital, ...	14½	23	7
Total per 1000 of Births,	<u>61½</u>	<u>212</u>	<u>94</u>

c. *Qualifying circumstances which make the Comparative Position of Glasgow worse.*

There are certain circumstances which must be stated and kept in mind, in estimating the relative position of Glasgow as regards the charitable provision made for the sick, all which tend to make it worse than those figures indicate:—

1. *The social position of our Population*, which is much the same as that of Liverpool (excepting that the proportion of Irish-born people is larger there), but so notoriously different from that of Edinburgh that it is scarcely necessary to quote facts in proof of the difference. For the sake of precision, it may be stated that at the census of 1871 the proportion of Irish-born persons was only 4 per cent. of the population of Edinburgh against 14 per cent. of the population of Glasgow, and $15\frac{1}{2}$ of Liverpool. As to employment, there were per 1000 of the population in 1871 (exclusive of paupers) the following proportion engaged in and dependent upon those engaged in the following “occupations”:—

	Glasgow.	Edinburgh.
Textile Fabrics,	242	117
Miners and Workers in Minerals,	153	78
General Labourers,	64	38
In Learned Professions, ...	24	60
Persons of Independent Means,	9	43

2. *The immense Suburban Population* attached to Glasgow, no doubt contributing proportionately to the support of, but at the same time entirely dependent upon, the medical charities whose work we have above estimated, *as if it were wholly expended upon the population of Glasgow proper*. This also is notorious and unquestionable, but again for the sake of precision we may state that in 1871 for every 1000 persons in Glasgow proper there were 154 in the suburbs, while in Edinburgh there were only 28, and in Liverpool 66. This dependent population (dependent relative to

the subject of this Report) is increasing from year to year so rapidly that in 1874 (the year to which the medical statistics refer) the proportion had risen from 154 to 210!

3. *The nature and constitution of our Charities.*—The grave influence of this latter fact upon the relative value of the medical charities of Glasgow, as a sufficient provision even for Glasgow proper, is proved to be yet graver than at first sight appears, when we observe what is their nature and constitution. In Edinburgh and Liverpool the majority of the medical charities—certainly all the dispensaries in Edinburgh, and the great amalgamated dispensaries of Liverpool—are essentially and necessarily *local* in their sphere of usefulness, while in Glasgow they are *provincial*. The only purely local medical charity in Glasgow is the Medical Mission. Dispensaries attached to large and famous general hospitals attract quite a different class of people from those which attend the comparatively humble institutions situated in the poor localities of large cities. The outward appearance of the out-patients is different, and every physician and surgeon engaged in the dispensary practice of a large hospital knows that many solicit his advice chiefly by way of securing a consultation gratis, or getting what is called “superior skill” in comparison with that of the ordinary attendant, coming long distances for that purpose. On the contrary, the local dispensary is attended by those who are in want, not of the luxuries, but of the bare necessities, of medical advice, and who live in the immediate neighbourhood. Hence it is probably wise that medicines are *not* given to the patients attending our general hospital dispensaries, as in many cases they would not be taken—in most they would be ill bestowed—although to the few who are really poor a prescription without medicine is a tantalizing, and therefore doubtful benefaction.

4. *The large proportion of “Surgical” as compared with “Medical” out-patients in Glasgow.*—Another observation affecting the

comparative value of the work of the medical charities of Glasgow is so intimately associated with the preceding that it scarcely needs be separately stated. The great mass of human ailments is what is called "medical" as distinguished from "surgical," yet of the out-patients who received dispensary advice at the general hospitals of Glasgow only 46 per cent. are returned as "medical." Unfortunately, the patients attended by the Medical Mission are not classified, but there can be no doubt that only the smallest fraction were surgical patients. The nature of the practice attracted by general hospitals, as compared with local dispensaries, is well shown by the statistics of the three general hospitals of Liverpool, as contrasted with those of the three amalgamated dispensaries. Of the patients attending the former only 6 per cent. were "medical," while of those attending the latter 80 per cent. were "medical." There is no dispensary attached to the Royal Infirmary of Edinburgh, but in the practice of the Royal Dispensary 82 per cent. of the cases were "medical."

d. Comparative Expenditure upon Medical Charities in the three Cities.

The expenditure upon medical charities in 1874 was—

In Glasgow,	...	...	...	...	£32,124
Edinburgh,	...	...	...	...	28,446
Liverpool,	...	...	...	...	33,453

Although the ordinary income does not yield a large surplus over the ordinary expenditure as in Liverpool, but, on the contrary, falls considerably short of it; still, in respect of expenditure, Glasgow can scarcely be called stingy, although the number of individuals benefited thereby is comparatively limited. This, however, is only the necessary result of the system of relief being in Glasgow almost entirely by treatment in hospital, and in Edinburgh and Liverpool so largely through the medium of dispensaries and in

the homes of the poor.* The income from capital invested for medical charitable purposes in Glasgow is comparatively small. The Royal Infirmary alone has such a source of income, and it is almost exactly half that of the Edinburgh Royal Infirmary from that source.

Glasgow has already 50 more hospital beds than Liverpool, and 100 more than Edinburgh. Of every £1000 expended by the three cities conjointly, Glasgow spends £342, Edinburgh, £302, and Liverpool £356, yet of every thousand persons relieved in the three cities conjointly, Glasgow relieves only 190, while Edinburgh relieves 213, and Liverpool 597, the explanation being apparent when we look at the proportion per 1000 persons treated in each city who are treated at home, at the dispensary, and in hospitals, viz. :—

	Glasgow.	Edinburgh.	Liverpool.
At Home,	65	240	182
At Dispensary,	756	634	756
In Hospital,	179	126	62

The trifling expense of dispensary and home relief may be illustrated by the Liverpool Amalgamated Dispensaries, which provided medical attendance and medicine to 20,575 sick persons in their own houses, and advice and medicine at their dispensaries to 52,760 more, at a total expenditure of £4870, of which £2238 was for salaries, and £1246 for medicines, surgical appliances, &c. This represents an expenditure per patient of 1s. 4d. for all costs, of which 7½d. was for salaries, and 4d. for medicine. In Edinburgh the work is done still more economically. Taking the Royal and the New Town Dispensaries, two of the oldest, we find that they provided attendance and medicine to 6186 sick persons, attendance in childbirth to 599 women, and advice and medicine to 11,922, at a total expenditure of only £734, of which £315

* It is but fair also to remark that a large hospital is, proportionately to work done, more economical than a small one, and therefore the Western Infirmary, when increased to its full dimensions, will show more work without equivalent addition to expenditure.

was for medicines, and nothing for medical attendance. This is rather more than 9½d. per patient for all costs, of which 4d. was for medicine. The difference arises from the services of the medical men being gratuitous, and from the employment of advanced students of medicine in home work.

*e. Account of Organizations Ancillary to Medical Charities of
Glasgow, Edinburgh, and Liverpool.*

Glasgow.—The only Society which may be regarded as ancillary to the Medical Charities of Glasgow is the “Benevolent Society for the Relief of the Destitute Sick and others in extreme poverty.” It has no visiting agency of its own, but sends its aid by the hands of the City and other Missionaries. “Its aim is the relief of those urgent cases of casual destitution which are constantly occurring among the working-classes from accident, sickness, or loss of employment.” No money is given, only stamped tickets, value one penny each, which are current at certain respectable shops in various parts of the city. “The Charity Organization Society,” recently instituted, cannot effect much in relation to the objects of this Report, because of the want of dispensaries, &c., to which it could direct the deserving in need of medical aid.

Edinburgh.—The most important of those in Edinburgh is the “Society for the Relief of the Destitute Sick,” instituted 1785, and “incorporated by the magistrates.” It is most carefully organized. The city is divided into 27 districts, each of which is in charge of a member of the Visiting Committee. The Society has a hall at 150 High Street, in charge of an officer, who issues printed schedules for applications for relief. “These must be attested by a medical man and a respectable householder; and, when returned to the hall, they are distributed among the members of the Visiting Committee at each Thursday’s meeting,

that the applicants may be visited during the week." The rules drawn up for the guidance of the Visitors are minute, and such as must prevent imposition. "Relief is to be given to the objects in distress in four ways, viz., in money, also in meal, coal, and clothing-tickets, arranged and regulated by the Board of Management." There is also an "Association for Improving the Condition of the Poor," which has an office and paid Secretary and Superintendent. One of its special objects is to "relieve, by kindly assistance, cases of peculiar trial and sudden privation." Here also there is a thorough organization. The city is divided into 28 sections, each of which is in charge of a Chairman, Secretary, and Committee, and is subdivided into a west, south, east, and north subsection.

Liverpool.—The Secretary to the Liverpool Dispensaries writes:—"We work well with the Ladies' Nursing Institution," which leads me to describe a most important and novel feature of the organization for the charitable relief of the poor in sickness in Liverpool, which we find in the "Thirteenth Annual Report of the Liverpool Training School and Home for Nurses (established 1862)," for the year 1874. The town is divided into 19 districts, with accurately defined boundaries, each of which is supervised by Lady Superintendents, two or more in number, and to each of which there is attached a trained nurse, who lives in the district and performs the usual duties of a sick-nurse in the homes of the poor. The fullest details of their work is given in the Report, even to a most elaborate statistical table compiled from the district reports of the ladies superintendent, "under the direction of Dr. Trench, Medical Officer of the Board of Health for the Borough." In this table the cases attended are carefully classified, according to the best medical nosology, in each district and for the whole city, showing the age of the patients and the results. We shall return to it when

we come to examine the extent of the ancillary medical relief afforded in the three cities. In order to complete our exposition of the munificent provision made for the sick poor of Liverpool, it is indispensable that we should notice the "Central Relief and Charity Organization Society," whose "Twelfth Annual Report, 1874-75," contains ample information of the co-ordinating and investigating method which is employed to prevent the abuse of means which, from their profusion and completeness might, without this presiding scrutiny, be squandered on the undeserving. The objects of this Society are "The Improvement of the Condition of the Poor (1) by raising funds and dispensing relief to distressed and deserving poor, in co-operation with the Poor Law Guardians and Charities of the Town; (2) by securing due investigation and fitting action in all cases; and (3) by repressing mendicity." The organization by which these objects are effected is similar to that of our own Charity Organization Society, but it will be obvious that the two societies differ greatly in two respects; (1) in the granting of relief in kind as well as in money, which the Glasgow Society has not yet been enabled to do; and (2) in the practically unlimited charity to which the Liverpool Society is able to introduce those who are found after inquiry to be deserving of a share in its bounty. The cases of childbirth (1750 in all) attended through the Ladies' Charity and Lying-in Hospital were previously passed under the scrutiny of the Central Relief Officers, and the larger portion of the relief in kind (bread, oatmeal, groceries, butcher's meat, &c.) was bestowed upon the poor patients under the care of the District Nursing Society, who, again, were in the majority of cases supplied with medicine and medical attendance by the officers of the Liverpool Dispensaries. It scarcely requires to be expressly stated that we have here one of the most thoroughly supervised and regulated, and, at the same time, most complete and bountiful systems of benevolent care of the sick poor which could possibly be devised.

*f. Nurses and extent of Aid in kind for Sick Poor provided by
Ancillary Societies.*

Glasgow.—As to aid in kind, the Glasgow Benevolent Society in 1873-4 expended on bread and provisions £1140, and on coals £90. Although the medium through which this charity was dispensed, viz., the City and other Missionaries, is no doubt effective, still the Edinburgh plan of dividing the city into districts, and engaging gentlemen, members of a Visiting Committee, tends to promote that personal contact between the extremes of society which is so much to be desired.

Edinburgh.—The total expenditure of the Edinburgh Society for the Relief of the Destitute Sick in 1874 was £2225, and of this £2010 was dispensed in money, meal, coal, and clothing. The extent of the benevolent work done is disclosed by the statement that

“The Committee have made during 1874, by weekly visitations at the dwelling-houses of the recipients, 11,260 visits; and 1100 new applications have been received. The applicants, with few exceptions, were visited and relieved. There are on an average from 200 to 300 persons relieved by the Society weekly.”

The Edinburgh Association for Improving the Condition of the Poor disbursed £1693 for various purposes in 1874. Some of those purposes, such as the payment of school-fees and feeding destitute children attending School Board schools, do not come within the scope of this Report; but of those which do may be mentioned, “2657 orders for food, coals, blankets, and other kinds of relief;” the support of a “Medical Kitchen in connection with the Fountainbridge Dispensary,” and the institution and management of a “Sick and Funeral Society.”

Liverpool.—There are one or two nurses attached to certain of the Edinburgh Dispensaries, and we hear of two “Bible-women nurses” in the Glasgow Medical Mission Report, but in comparison with

the organized district nursing of Liverpool, Glasgow has done absolutely nothing. The organization has been already described, and so far as figures can explain the good effected, we shall take some statements from the Report for 1874. In that year 3371 poor sick persons were nursed on an average 41 days each. Of these, 512, or 15 per cent., died. This is fully 3 per cent. of the total deaths in Liverpool. The social position of these persons is sufficiently indicated by the statement, that of 2973 families to which they belonged, 248 lived in cellars, and 1146 in single rooms. The expenditure on the District Nursing Department from the general funds of the Training School and Home is £858, which includes the wages of the nurses, and the salary of a general district superintendent, but the ladies superintendent in each district maintain local funds, the nucleus of which is a share of £521 set aside from the Hospital Sunday allowance for this purpose, and this, augmented by private subscriptions and donations in kind, provides the nurse with those material adjuncts which are indispensable, *e.g.*, food adapted for sickness, Liebig's extract, &c. From the Central Relief Society's Report we learn that in 1874 "butcher's meat had been granted, principally in co-operation with the District Nursing Society, in 1063 cases of sickness." In addition, those patients shared in the groceries, bread, &c., dispensed, the total relief in kind given by the Central Society being distributed over 4010 cases, at a cost of 2s. 10 $\frac{3}{4}$ d. per case. Altogether, we require only to glance over the reports of the ladies superintendent, and the details of their work, to satisfy ourselves that each has control over ample stores of benevolence, which are carefully bestowed, and that the whole system must lead to an acquaintance on the part of the rich with the real wants and difficulties of the poor, and to an establishment of kindly sympathy, which must issue in practical good to both classes.

It may be useful to give a medical estimate of the services of those district nurses, and I quote the following from a gentleman

who was Physician to the South Dispensary at the date of writing, 1866, when my attention was first attracted to the system:—

“ I have much pleasure in letting you know the result of my experience of the District Nursing system during the last three years, for which time I have been almost daily in contact with the Institution. In cases without number I have received very valuable aid from the nurses, and I could instance many recoveries (from Typhus, &c.) which I believe to be mainly due to their ministrations, without which my daily visit would often have availed but little. The poor in our crowded back streets, when attacked by acute illness, are in a most forlorn and helpless condition, wanting every necessary of proper nourishment, medicine, and hygiene. It is in this last particular—second to none in importance—that I specially recognize the benefit of nursing at the homes of the sick poor. . . . I am fully of opinion that this system properly developed might be made to conduce enormously to the alleviation of suffering and misery. The essential requisites, I think, are (1) a sufficient staff of nurses who have been under training and *observation* for some time. (2) Over these nurses a strict lay supervision with a system of weekly or bi-weekly reports. (3) To secure the hearty, earnest co-operation of medical men visiting among the poor. This last is very essential, as, besides the advantages of a thorough understanding between the medical man and the nurse, the former can without additional trouble exercise the most effectual of all supervisions.”

(C.) CONCOMITANT CIRCUMSTANCES CONFIRMATORY OF THE CAUSES OF UNCERTIFIED DEATH IN GLASGOW.

There are certain facts and circumstances which, though not properly causes of the frequency of uncertified death in Glasgow, are concomitants of the causes, and so contribute to establish the conclusions to which previous sections point.

a. Proportion of Medical Practitioners to the Population in the three Cities.

The Registrar-General suggests that one of the reasons of the small proportion of deaths uncertified in Edinburgh as compared with Glasgow is, “there being a much larger number of medical practitioners according to the population in Edinburgh than in

Glasgow." The facts are these, for the year 1874, in round numbers—

In Glasgow proper,	1	Practitioner per 2000 of population.
In Glasgow and Suburbs,	1	do. 2250 do
In Edinburgh, *	1	do. 1000 do.
In Liverpool,	1	do. 1500 do.

I doubt if the relation between the very small proportion of medical men to population in Glasgow, and the want of medical aid in sickness, as shown by the uncertified deaths, can be regarded as causal. As to a comparison between the proportion in Glasgow and in Edinburgh, the main result is to show how much richer the soil of Edinburgh is, as shown by the crop it rears and supports. But when we find that, after all the charitable assistance given to the sick poor in Liverpool, there still is a private demand sufficient to support one practitioner for every 1500 persons, whereas Glasgow, destitute as it is of those charitable provisions, only supports one practitioner for every 2000 persons, or, if we take in the Suburbs, for every 2250 persons, we may take the fact as proving two things. (1) The work done by such charitable agencies is work which, if not so done, will never be done at all. (2) The private interests of the medical profession are not invaded by even the most complete system of charitable medical relief.

b. Medical Relief in Ireland.

The fact that 14 per cent. of the population of Glasgow is of Irish birth gives us an unusual interest in the position of medical relief in Ireland. It must seem peculiarly unfortunate that in coming to Glasgow they not only enter a city in which charity does next to nothing to provide medical aid for the poor, and adopt a country in which the Poor Law is as stringent in dispensing medical as general relief, but they leave a country in which medical

* This is the result furnished by Dr. Littlejohn. Only *bona fide* practitioners are included, otherwise the proportion would be about 1 to 800.

advice and medicine are provided at dispensaries, supported from the Parochial funds, and free to every poor person. In Ireland ordinary poor relief is granted with even more reserve than in Scotland, being very strictly confined to the Workhouse, but medical relief is freely given to those who need it in their homes; the recipients in the former case being designated "destitute poor," in the latter case simply "poor persons," who are not classed as paupers. District dispensaries were established by Act of Parliament in the beginning of this century, and were supported from the "county cess," supplemented by local charity. They were part of a general system of hospital as well as dispensary provision for the sick, *totally unconnected with a parochial system, yet supported by assessment*. So it remained until the passing of the Medical Charities Act in 1851, which placed those dispensaries under Poor-Law management and upon the rates, but still left them entirely dissociated from the general system of relief. Two Special Commissioners were appointed, "one of whom shall be a Physician and Surgeon, of not less than ten years' standing, and shall have the title of Medical Commissioner," who were conjoined with the ordinary Poor-Law Commissioners for the purposes of the Act. Each Union was subdivided into dispensary districts, making in all Ireland 721, with 1077 dispensaries, with surgeons and midwives. Each district is under the charge of a Committee of Management, composed of "a sufficient number of ratepayers resident in each district, and liable to pay Poor-rates in respect of property therein of the nett annual value of thirty pounds at the least," elected by the guardians, "together with the *ex officio* and elected guardians of the poor resident, or being the owners or occupiers of property therein." The functions of this Committee, in reference to the distribution of dispensary relief, are so important that we quote the section of the Act in full:—

"9. Every member of such Dispensary Committee, and every relieving officer and warden acting for an Electoral Division included in such Dispen-

sary District, shall have power to afford medical relief by the issue of a ticket for medicine and advice, or a ticket, in such form as the said Commissioners shall prescribe, addressed to the medical officer of the district, directing him to afford medicine and advice, or to attend any poor person resident therein; and it shall be the duty of the medical officer to afford medicine and advice, or to attend such poor person as thereby directed: Provided always that if any person who shall obtain a ticket for medical attendance from any relieving officer or warden, or from any member of the Committee shall, at the next or any subsequent meeting of the Committee after the issue of the ticket, be declared by a majority of the members then present not to be a fit object for Dispensary relief, the ticket shall be cancelled, and the holder thereof disentitled to further relief."

Under such a system medical relief from the rates must be as accessible as from a charitable dispensary. At the same time, so strictly do the Commissioners draw the line between general and medical relief that they disallow all distribution of cordials, arrowroot, &c. Persons who require such assistance must go to the workhouse. Further, by Sir Robert Peel's Amendment Act, 1862, poor persons not destitute, but merely disabled by sickness, may be received into the workhouse *hospital*, and if they pay for the privilege in whole or in part, as may be agreed upon, they can claim to be registered separately and not classed as paupers. In Ireland, therefore, while the whole medical necessities of the poor are defrayed from the Poor-rates, medical relief is most carefully distinguished from general relief, both in the freedom with which it is granted and the ease with which it can be got at, and in that it is never allowed to pauperize, and special means are provided to prevent necessities originating in sickness from reducing to the ranks of the pauper. As to how the system succeeds in helping the poor in time of sickness, without encouraging them to look for general relief, one cannot have clearer or weightier testimony than that of the Chief Commissioner of Poor Laws in Ireland, in evidence before the Royal Sanitary Commission of 1870.

"12,017. With respect to outdoor medical relief, has the receipt of outdoor medical relief the same effect as it has in England; does it pauperize the recipient when he does not receive any other kind of relief?—I do not think it has that effect to any great extent; I used to apprehend that it

would, but I think that the medical relief itself is very steady and fluctuates very little from year to year, and I cannot see that with the system which they have of administering relief in workhouses as the main thing there is any danger of the medical relief pauperising the people. If it was connected with a very extensive system of outdoor relief I should expect it would have a good deal of effect in pauperizing them. It would be a step to asking outdoor relief, but we have so very little comparatively of outdoor relief in Ireland, that the workhouse test, as it is usually called, has the same effect, notwithstanding the administration of medical relief, as it would have without it."

*c. Statements made to Glasgow Registrars as to Medical Aid
in cases of Uncertified Death.*

Keeping those facts as to the comparative extent and nature of the provision made for the sick poor in Glasgow before our minds, it will be a natural and instructive introduction to the consideration of the means which may be suggested for the reform of the evils underlying our "uncertified deaths," to recur to the statistics with which we opened this Report. We then merely desired to prove the necessity of the inquiry. We shall now endeavour to show from the *post-mortem* facts registered as to the "uncertified deaths," in such inadequate manner as figures can, the circumstances under which death occurred, relative to medical attendance, putting Edinburgh as a foil in contrast. In 1874 in Glasgow 78 per cent. of the total deaths were certified, in Edinburgh 94 per cent., but it is of the 22 and 6 per cent. whose deaths were "uncertified" we wish to speak. The actual numbers are 3601 and 267. Of those in Glasgow, a certain number who were stated by the friends who registered the death to have had a medical attendant were repudiated by the attendant named, and therefore must be supposed either never to have been seen by him, or to have been seen casually, or so long before death as not to warrant a certificate. In any case the attendance can have been of no real value to the deceased, even presuming that it was in any degree bestowed. In Edinburgh no such class of cases is recorded. In both towns there are a certain number who are frankly

admitted to have had "no medical attendant." In Glasgow a number state that the deceased was taken to a "dispensary," which means in the majority of cases a doctor's shop, while in Edinburgh a number are recorded as having "no *qualified* medical attendant," probably meaning that an advanced student from a dispensary, or, at any rate, some one not legally competent to certify, had seen the deceased. This class is taken as parallel to the "dispensary" class in Glasgow. With these remarks the following analysis of the "uncertified deaths" will be understood:—

	Glasgow.	Edinburgh.
Admitted to have had no Medical		
Attendant,	1,646=10 per cent.	44=1 per cent.
Disavowed by alleged Medical		
Attendant,	552=3½ „	
Taken to Dispensary,	1,403=8½ „	223=5 „
Total "not Certified,"	3,601=22 per cent.	267=6 per cent.
Do. "Certified,"	12,722=78 „	4,544=94 „

The great fact here, setting aside all discussion as to the precise value of any statements implying medical attendance which was not such as to warrant a certificate as to the cause of death, is that, regarding no less than 10 per cent. of the deaths registered in Glasgow in 1874 the friends stated that no medical attendance whatever was obtained, while in Edinburgh this was admitted in scarcely 1 per cent.

If we take the "uncertified deaths" in Glasgow, and subdivide them into those of persons below 5 years of age, and those of persons aged 5 years and upwards, we shall make those facts still more eloquent.

	Under 5 Years.	5 years & upwards.
Admitted to have had no Medical Attendant,	784	862
Disavowed by alleged Medical Attendant, ...	266	286
Taken to Dispensary,	1,229	174
Total "Uncertified,"	2,279	1,322
Percentage of uncertified admitted, &c., ...	34½	65
Do. do. disavowed, &c., ...	11½	22
Do. do. taken to Dispensary,	54	13

What can be the meaning of the fact that 54 per cent. of *the children* who died "uncertified" were "taken to a dispensary," and only 13 per cent. of *the adults*; while 65 per cent. of *the adults* who died "uncertified," died without medical attendance, and only $34\frac{1}{2}$ of *the children*, but this, that children are portable and were carried to the doctor, while the adults went as long as they were able, and when unable died at home without further care. Every medical man who gives advice at his shop can tell how children are brought by their parents frequently when dangerously ill, sometimes in a dying state, and occasionally cases even of death within the doctor's premises have occurred. The only satisfaction to be got from such facts is this, that they indicate a desire on the part of the poor to overcome the difficulties of their position, and prove that they go in search of that which, by charitable agencies, ought to be brought to them in their own houses. Nor must we allow those numbers concerning deaths to become impressed upon our minds as giving any conception of the actual extent of neglected sickness in Glasgow. These 3600 uncertified deaths, with their various degrees of admitted uncared-for sick-beds, are simply a few of the multitude singled out and proclaimed to us by death, while 20 to 25 at a moderate computation for each death have been sick and have been equally uncared-for. If 1600 persons died absolutely without medical attendance, we may be sure that 32,000 had various degrees of sickness, and received no medical aid.

III.

SUGGESTIONS OF REMEDIES.

a. Inquiries into Uncertified Cases.—The accurate determination of the cause of death after the fact, when circumstances have prevented such determination during the life of the deceased, is purely

a question of State Medicine, and any defects in the existing provisions of the law for that purpose may be illustrated by local experience, but cannot be effectually dealt with by local measures. In our exposition of the existing provisions of the law as to Registration of Deaths, and the institution of inquiries as to the cause of death by the Registrars and the Fiscals for the County, we have furnished the requisite materials for the discovery of the defects in those provisions. How they are to be remedied is an imperial question, the discussion of which must be left to the legislature. Indeed, ample materials, developing so much diversity of opinion as to warn us from a superficial consideration of the subject, were laid before the Royal Sanitary Commission of 1869, and presented to both House of Parliament in 1870-71. The conclusion of the Commission as to "uncertified deaths" was as follows, but no legislative action has been taken upon the recommendations contained therein:—

"It is important that there should be no 'uncertified' deaths, that is, no cases in which deaths and their supposed causes are reported to the registrars by any other than the medical attendant of the deceased person, or some qualified medical man. In every such case there is not only a fact lost to the statistics on which a part of the study of the public health is based, but a great opportunity permitted for fraud and crime.

"Every death should be registered either on the certificate of a qualified medical practitioner, or on the verdict of a Coroner's inquest. In the case of any person having died without a medical attendant, or whose medical attendant refuses to sign the cause of death, the Medical Officer of Health of the place in which the death occurred should be required and authorized to make by himself or deputy inquiries as to the cause of death, and, thereupon, either to give a certificate of the case, or to take steps towards a Coroner's inquest. It would seem to be well worthy of inquiry and consideration on the part of the Government how far, when this complete system of Registration of Deaths is established, the holding of Coroners' inquests as at present might be limited."

Into the general question of Coroners' Inquests *v.* Procurator-Fiscals' precognitions we shall not enter. The special question before us is, how far do they fulfil the function of inquiry into uncertified deaths for registration purposes? The answer, legible

in the facts submitted, is that, whatever defects there may be in the constitution of the Coroner's Court, it both adds considerably to the certification of deaths which otherwise would be uncertified, and acts as a recognized deterrent from neglect to procure attendance during life; while the system of Fiscals' precognitions is useless for either end. It is, however, right to point out that, while the Fiscal institutes his inquiry solely for the detection of crime (and the circumstances which constitute crime are limited), the Coroner conducts his inquiry in view of the body, and must end in a "finding" in every case regarding the cause of the death of the deceased. Criminal proceedings do not necessarily arise from this finding, but the judgment of society is brought to bear upon many circumstances which are not technically criminal, and in all cases the cause of death is certified upon the facts elicited. It would obviously be impossible for the Fiscal in any case to certify by precognition within the few days which suffice to lodge the result of the inquest in the hands of the Registrar; and the facts submitted prove that cases of drowning, of overlying, of exposure, of death finally registered as "sudden," &c., &c., may occur in circumstances which *prima facie* are not held to be suspicious or criminal by the Fiscal, and so never become the subject of a precognition, or, at any rate, are not officially certified. All these forms of uncertified registration disappear in England before the finding of a Coroner's jury. Yet, with evidence in reference to all this before them, the Royal Commission thought that more might be done, and recommended that "the Medical Officer of Health of the place in which the death occurred should be required and authorized to make, by himself or deputy, inquiries as to the cause of death, and thereupon either to give a certificate of the case, or to take steps towards a Coroner's inquest." It is, therefore, evident that the Coroner certifies to the Registrar in England the cause of death in a class of cases amounting to five or six times the number certified by the Fiscal to the Registrar in Scotland, even after the lapse of months, to admit of reference to Crown Counsel,

&c., and yet that the Royal Commission recognized in England other cases, to deal with which they recommended the institution of an official inquiry entirely unknown hitherto in Great Britain. After this, it hardly needs to be expressly stated how destitute we are in Scotland of any sufficient means of improving our death-registers as trustworthy records of the probable causes of mortality.

This seems the proper place to refer to the opinion expressed by the Registrar-General for Scotland, in a letter which is given in full in a former part of this Report, that "the subject [of uncertified deaths] is one that can only be effectually dealt with by the Local Authority." In so far as this may refer to *post mortem* inquiry in such cases, it must be apparent from the preceding that the Local Authority can do nothing but point to the defects in the provisions of the law as it stands. They have no statutory power to make effectual investigation by their own officers; even the particular illustration of Edinburgh proves this. The Medical Officer there "*voluntarily* examines the body and grants a certificate in every case where no medical practitioner has been in attendance upon the deceased, and where the informant refuses to obtain and furnish the Registrar with a relative certificate." In the first place, a duty of such imperial importance ought not to be trusted to goodwill; and in the next place, we can discover no legal sanction for this voluntary investigation, or for delaying registration or interment until it is made.

The Local Authority of Glasgow have some experience of the results of checking the registration of deaths as at present effected in Scotland. For some years an inquiry has been instituted by their lay officers, under the supervision of the Medical Officer, into the circumstances of the death of *every child under 5 years of age, and of a very large proportion of the deaths above that age*. But this inquiry can only be begun after registration, and any subsequent action, coming so long after the fact, is virtually useless for registration purposes, besides being limited by the defective

machinery of the country. Our primary object in making those *post-mortem* investigations was to endeavour to discover and to remedy the material and remediable causes of mortality, but I believe they have also had some slight result in the direction of rousing the negligent to the belief that their negligence might be reviewed and exposed. Most certainly, however, they have convinced me of the necessity of some legalized scrutiny of the statements of informants, over and above the *ex parte* reception of those statements in the office of the Registrar, without an investigation on the scene of the death. We discover such obviously suspicious facts as wrong addresses, allegations of legitimacy in the case of children which are apparently untrue, registration of causes of death which are entirely at variance with the history and symptoms of the disease alleged, when subjected to intelligent medical scrutiny, and various other dubious facts which could be effectually estimated only previous to registration, and before a formally constituted court, or an official invested with the requisite authority.

As I understand that a Bill for the Amendment of the Scotch Registration Act is drafted, and will be laid before the present Session of Parliament, the best practical action we can take under this department of our inquiry is to bring its results under the notice of the Registrar-General and Lord Advocate. Meanwhile, it is also worthy of consideration whether the Surgeons of Police might not be more systematically employed in an investigation of "uncertified" deaths. Even though it may be to some extent informal and *ultra vires*, such inquiry might stimulate to greater efforts to obtain medical aid during life, which is really the only satisfactory result to be aimed at. But, as already remarked, it is worse than useless to foster or excite an effort after what cannot be procured under the present arrangements in Glasgow for gratuitous medical relief. Any measures of the nature hinted at must be associated with the effectual adoption of such improvements as may be suggested in regard to increased provision of local dispensaries,

and especially of attendance and medicine at the homes of the sick poor, or those who are temporarily reduced by sickness to a position in which their ordinary income will not meet the extraordinary requirements of sickness.

Friendly Societies' Act.—Although not a “suggested” but an applied and existing remedy of “uncertified death,” we may most fitly here direct attention to the “Friendly Societies’ Act” of last Session of Parliament. In this Act it is recognized that the circumstance, that on the death of a person a money payment becomes due, necessitates extreme precaution in accepting any statement as to the cause of the death *which is not duly certified*. It is, therefore, enacted (Sect. 14) that “no society shall pay any sum of money upon the death of a member” unless on the production of a certificate of registration. But in reference to children under 10 years of age, it is enacted (Sect. 28) that “no such certificate shall be granted unless the cause of death has been previously entered in the register of deaths on the certificate of a coroner, or of a registered medical practitioner who attended such deceased child during its last illness, or except upon the production of a certificate of the probable cause of death under the hand of a registered medical practitioner, or of other satisfactory evidence of the same.” Those clauses of the Act only came into force in 1876, and no doubt will effect an improvement to some extent.

b. Medical Relief under Poor Law.—As to the provisions under the Poor Law for medical relief, which may practically be regarded as for paupers only, there seem to be but two suggestions to make, (1) as to the hardships to which paupers are subjected, owing to the existence of three distinct parishes in the city. The operations of the Improvement Trust have necessarily dispersed from the centre of the city outwards more of the pauper class than would in ordinary circumstances have changed their residence

after being registered. Many must, therefore, have long distances to go—first for medical advice, and thereafter to the dispensary of their particular parish for medicines. As already stated *quo ad* the registered poor, each parish makes a medical subdivision of the entire city, to each of which one of their own surgeons and their own dispensaries are assigned. (2) As to the dispensaries provided within each parish, even if resorted to by no person who was not actually living within the confines of that parish, they are so few and so situated that paupers have very long distances to go with their prescriptions. Thus, from all parts of the Govan Parish, east of Stanley Street, Kinning Park, paupers must go to Nicholson Street, and from the furthest confines of the Barony Parish, eastwards, paupers must go to George Street, Mile-End. The arrangement made by St. Cuthbert's Combination Parish, Edinburgh, is much preferable in respect of convenience to the poor.

With those reservations, it may be said that the provision made for the medical wants of the pauper class in Glasgow seem to fulfil in general the intentions of the Poor Law, but the Poor Law was never intended to meet the necessities of all the sick of the community who are unable to meet those necessities. No political economist has ever maintained that it is to be desired that sickness alone should be permitted to drive the sick into the region of pauperism. On the contrary, medical relief from the parochial system, unless absolutely cut off, as in Ireland, in the receipt of it from even the appearance of pauperizing, has a noxious quality tending to social deterioration, which does not belong essentially to assistance in sickness, but wholly accrues from the source from which it comes. Not only, therefore, does the Poor Law not provide for sickness in the class above the position of the pauper, but it is highly undesirable that it should go beyond that class. It becomes indeed an object of the highest importance to the community to provide from other sources for necessities which

solely arise from, and occur in, sickness, so that the individual may in health resume his position in the ranks of the self-supporting without the taint of pauperism. In this country the source from which such aid has always been derived is charity. As a matter of fact, wherever and whenever in urban or populous districts the statistics of parochial and of charitable medical relief have been collected and compared, it has been found that the extent of the sickness treated by charity was largely in excess of that treated under the Poor Law.* My own statistics now submitted show that in Liverpool, Edinburgh, and even Glasgow this is the case. Supposing we take the entire number of registered and casual poor relieved in Edinburgh, we find that it forms 88 per 1000 of the population, while those who got home and dispensary relief from medical charities, excluding hospitals, which attract persons from a distance, and confinements also, were 175 per 1000. This is, of course, a comparison which is ridiculously favourable to the parishes. In Glasgow again, we saw that the maximum of parochial outdoor relief was 28 per 1000 of the population, while even our scanty outdoor charities provided for 59 per 1000.

c. Medical Relief by Charities.—We may put the general conclusion from all these facts in this way, that the greater proportion of the necessities of the poor in urban communities is met by local charity; that the very small proportion met out of the parochial funds does not vary so much in different communities as to affect the comparison of the extent of gratuitous medical relief, and that therefore the sufficiency or insufficiency of that relief is proportioned to the extent of the local provision by charitable institutions. In particular, it is the aid in sickness

* See Dr. Rumsey's evidence before Select Committee on Medical Poor Relief, 1844—Question 9103 and following, with Schedules in Appendix, also his Essays on State Medicine, 1856, Essay IV.—“Medical Care of the Poor.”

which is administered by charitable dispensaries, in the shape of advice and medicine at the dispensary, or of attendance and medicine at home, which we must take as the evidence of sufficiency or the reverse. Hospital relief, even if it were desirable, is practically impossible of attainment for the great mass of necessitous sickness. Therefore, we have only to repeat here our facts as to the comparative extent of charitable home and dispensary medical aid afforded to the sick poor in Glasgow, Edinburgh, and Liverpool, in order to estimate the comparative facilities enjoyed by that large class in the three cities.

Number per 1000 of population of Patients—

	Glasgow.	Edinburgh.	Liverpool.
Treated at Home, ...	3	44	40
do. Dispensary, ...	56	131	181
Total per 1000 of population, ...	59	175	221

We shall merely refer to the previous statement of the qualifying facts as to suburban population, character of the institutions, &c., which make those figures still more unfavourable than they appear to be as regards Glasgow. It is quite sufficient for our purpose if we take 59, 175, and 221 as representing the comparative advantages in respect of medical aid enjoyed by a poor person in Glasgow, Edinburgh, and Liverpool. It is important to observe that the ample provisions of Edinburgh and Liverpool are not of recent origin. We have only to look at the dates at which the various medical charities in the three cities were established to see that, while Glasgow has notoriously grown in population greatly in excess of the other cities, her medical charity has been stagnant, while that of Edinburgh and Liverpool has proportionately increased. It is remarkable that, so far back as 1843 the proportion of the population of Liverpool who had charitable medical relief was exactly the same as it was in 1874.*

* See Dr. Rumsey's evidence previously referred to. Query 9103.

Indeed, we might assert that Glasgow has gone back in respect of dispensary charity. We find from a Report made in 1840, by Mr. Charles R. Baird of Glasgow, "On the General and Sanitary Condition of the Working-classes in the City of Glasgow," under the head "Medical Charities of Glasgow," that we then had two dispensaries attached to the Glasgow and University Lying-in Hospitals, which are now discontinued. The population then was little over half what it is now, there were no suburbs, and yet 39 per 1000 got dispensary advice, which but for the *recent* addition of the Medical Mission and the Western Infirmary would be far in excess of the proportion 34 years later.

As to the practical results of the want of those facilities in Glasgow which the inhabitants of other towns enjoy, we have only to point to the register of deaths in these towns and in Glasgow. So far from cultivating what we are pleased to call "independence" by this Spartan rigour, the non-provision of those facilities simply compels the poor to dispense with medical aid altogether, or to content themselves with so little of it as to be practically useless. A scanty allowance of food may beget hardihood, and be endured without wide injury to the public interests, but a population left without timely aid in sickness means a population gravitating to pauperism. You may cultivate energy in a merely needy man by starving him, but neglect of a sick man will not beget health. In the words of Dr. Rumsey—"Many of the social burdens arising from widowhood, orphanage, and funeral expenses, which have been attributed to defective sanitary regulations, depend also in great measure on the want of early care and attention at the hands of duly qualified medical practitioners. An immense amount of productive labour is lost to society by mortality which might be diminished, and by sickness which might be either prevented or curtailed."* In-

* See Dr. Rumsey's evidence previously referred to. Query 9360.

dependence of extraneous aid, especially medical, rests for a large proportion of our population on the continuity of two conditions: (1) the steady application to daily wants of every penny earned; (2) the maintenance of unbroken health both by the bread-winner and his dependents. Unhappily, the number of those who deviate from the first condition greatly swells the ranks of those who necessarily become dependent when the second condition is invaded, as in the most favoured circumstances it so invariably is from time to time, as children multiply and life passes.

What Glasgow requires, therefore, is more charitable provision of local dispensaries and home visitation. There are various ways in which this may be done, and our suggestions must be accepted merely as hints to be taken up and worked out by institutions and the public.

1. The dispensaries attached to our two large general hospitals would be much more useful to the poor if their operations were transferred to the neighbourhood of the poor. If "Royal Infirmary" and "Western Infirmary" Dispensaries were opened in poor localities, then medicines might also with advantage be dispensed gratuitously, which would not be the case now. As to the relations of such a change to the efficiency of our Medical Schools, we have only to look to Edinburgh to convince ourselves how beneficial it would be. The students would receive a practical education which is at present not supplied.

2. The Glasgow Medical Mission should receive more liberal support from the public so as to enable it to extend its operations. It alone of all Glasgow charities provides attendance at home and medicine to all.

3. It is evidently not desirable that all medical charity should be associated with a religious element. Some portion should be purely secular, and therefore there is ample room for the

institution of one or more dispensaries on the basis of the Royal and New Town Dispensaries of Edinburgh. We have fully proved that there is no mode of giving medical relief which is so economical and also so efficient.

4. In this Report I have until now made no allusion to the large rate-supported hospitals for the treatment of infectious diseases provided by the Local Authority, in which, in the year 1874, 3137 persons were treated. They represent the action of new principles standing intermediate between charity and Poor Law, and I only now bring them into notice for the purpose of introducing the principles of which they are illustrations.

(1) The power to assess for hospital purposes was conferred by the Legislature, and adopted by us, to enlarge our facilities for repressing infectious disease, and to remove the great barrier in the way of the adoption of hospital treatment, which existed so long as it rested with the parishes. It was recognized with reference to those diseases that they frequently reduced the working-class temporarily to a position of dependence, that if they fell into the hands of the parishes they were pauperized, while, if to avoid this degradation, they declined to go to hospital, or if the parish declined to take them, and in either case they remained at home and were insufficiently tended, they became sources of danger to others, and ultimately tended to increase the permanent weight of pauperism on the community. Hence, for special reasons, out of all classes of diseases, the infectious was selected as one regarding which it should be said—sickness from those diseases shall not pauperize. It is worthy of note that the Poor Law officers at once welcomed this new principle, and they carefully exclude all claims for liability to treat persons who up to the date of their illness were at work. One parish in Glasgow has even ceased to regard infectious disease as a reason for claiming or granting relief. Paupers already on the roll are treated by that parish for infectious, as for any other disease, but in respect of all others, we have this

anomaly, that a man may be pauperized by bronchitis, or pneumonia, or rheumatism, but not by any infectious disease. The question which occurs to me in view of these facts is this—Why should disease of any kind, which does not permanently disable a man from being self-supporting, ever pauperize him? Why should the power to assess for such cases be limited to the class of infectious diseases? Infectious diseases spread laterally to other members of the community, but all diseases neglected spread evil influences downwards, and increase the burdens both of the present and the future.

(2) Another interesting feature of our epidemic hospitals is this, that the parishes have one by one closed their fever wards, and now, *quo ad* infectious disease, the distinction between the sick pauper and the sick of other classes of the community is abolished. All are treated in the same institution simply as persons who are sick, and who are being taken care of by the public until they are well. This is another principle which deserves study, and which is capable of extension.

CONCLUSION.

In drawing up this Report my object has been to collect and present to the Committee in an orderly manner all the leading facts bearing directly, and as many as possible of those bearing indirectly, upon the subject of it. While it was impossible to avoid occasionally pointing out conclusions which the facts pushed into notice, or even expressing opinions on matters where there may be room for difference, I have not intended to make all the inferences, or to discuss all the questions which the copious contents of this Report suggest. I trust, therefore, neither the Committee nor the public will allow their thoughts to be limited, especially by these short "suggestions of remedies." Behind those suggestions there are matters of more than local interest which require consideration and discussion.

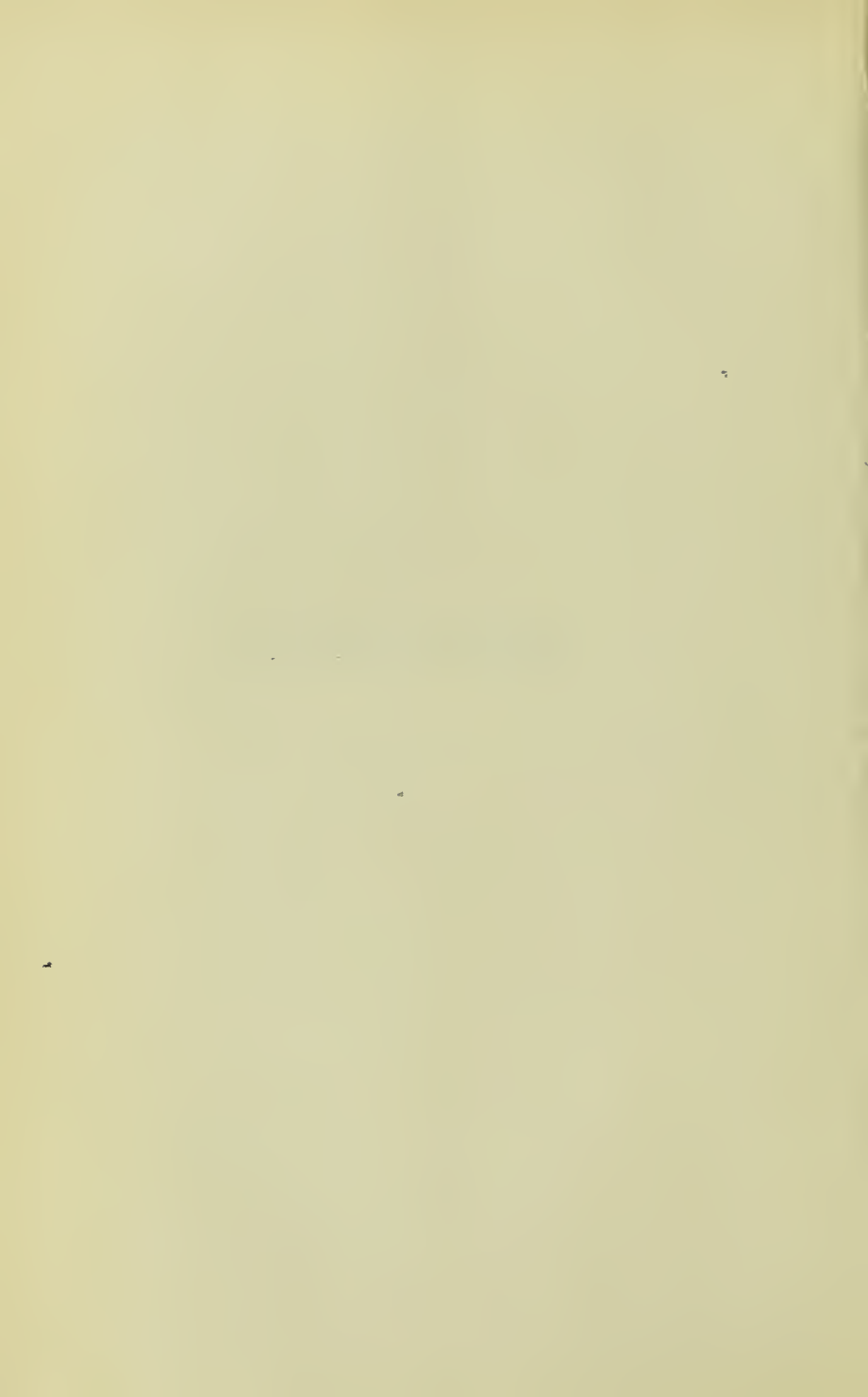
Besides those imperial questions there are also thoughts having a local application which must arise as we pass from the details of the charitable organizations of Glasgow to those of Edinburgh and Liverpool, to which I may venture to give partial expression. (1) Glasgow has outgrown entirely its charitable organization for the sick. The growth has been so rapid that we seem to have forgotten certain parts of the necessary provisions of an urban community, so that they are either altogether wanting or ridiculously insufficient. Only two years ago there was but one general hospital; only nine years ago was there any attempt made to furnish in an imperfect way what Edinburgh and Liverpool have enjoyed for 100 years in ample measure, viz., charitable medical advice, &c., at home. Even now we have not got a Sick Children's Hospital or Dispensary, nor a Dispensary for Diseases of Women and Children. The same defects exist in regard to organizations which I have called ancillary to those for medical relief. Either we are entirely wanting in means which exist elsewhere, as, for instance, in the provision of nurses for the sick poor, or we have stunted representatives of societies which both in respect of organization and pecuniary resources flourish in other communities in a way which indicate a more generous soil. (2) This leads to another remark which has again and again occurred to me in looking over the reports of the societies of the three cities, especially of those ancillary societies—how little we in Glasgow do in person. We pay our money to a treasurer, and he pays an officer to dispense it, or at any rate we take no personal care of its ultimate distribution, and have no personal knowledge of the circumstances and individuality of the recipients. It is only necessary to contrast the report of the Glasgow Benevolent Society with those of the two Edinburgh societies which do similar work to understand the practical result. In Glasgow the money is derived in large sums from a few well-known sources; in Edinburgh it is derived in small sums from a wide area, the amount obtained is greater, and the

names of the foremost citizens appear as district visitors, and dispensers of their own charity. There can be no doubt that the languishing condition of charity for the relief of sickness and physical want in Glasgow is to be attributed to this second-hand mode of dispensing it. The heart of the public is not really touched, and never will be until the citizens go down into the wynds and closes in person. I am not forgetful of the great recent development of personal ministration to the religious necessities of the poor, nor of the fact that there is a tendency largely to associate material relief therewith. For my own part, I see many risks in associating material relief with religious services, which cannot in the nature of things attend the conjunction of such relief with attention to bodily sickness. I should prefer to have some of the personal visitation and material relief, now devoted solely to evangelistic purposes, extended in an organized form to those who are "sick" and ought to be "visited."

J. B. R.

SANITARY DEPARTMENT,
1 MONTROSE STREET,
GLASGOW, *February, 1876.*

APPENDIX.



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4

I. RETURN of UNCERTIFIED DEATHS UNDER and ABOVE FIVE CITY of GLASGOW

STATISTICAL DIVISIONS.				ESTIMATED POPULATION.		DEATHS REGISTERED.			DEATH-RATE	
				All Ages.	Under 5 Years.	Under 5 Years.	5 Years and Upwards.	Total Deaths.	All Ages.	Under 5 Years.
Bl.	Blythswood,			33,993	3545	235	478	713	20·97	66·29
1	Exchange,			25,012	3019	243	351	594	23·74	80·49
2	Port-Dundas,			4,992	759	107	78	185	37·05	140·99
3	High St. and Clooses (West),			11,972	1585	227	302	529	44·38	143·21
4	Saint Rollox,			14,145	2212	188	212	400	28·27	84·99
5	Bellgrove and Dennistoun,			45,880	6868	695	736	1431	31·19	101·19
6	High St. and Clooses (East),			12,977	1733	254	311	565	43·53	146·54
7	Greenhead and London Rd.,			39,208	5955	741	649	1390	35·45	124·43
8	Barrowfield,			31,587	4390	505	579	1084	34·31	115·03
9	Monteith Row,			4,800	561	44	74	118	24·58	78·43
10	Saint Andrew's Square, ...			6,795	861	86	153	239	35·17	99·88
11	Calton proper,			26,014	3667	439	534	973	37·40	116·98
12	Saint Enoch Square,			6,560	776	79	114	193	29·42	101·80
13	Brownfield,			3,448	465	54	83	137	39·73	116·12
14	Bridgegate and Wynds, ...			11,375	1392	214	334	548	48·17	153·73
15	Woodside,			36,713	5224	373	466	839	22·85	71·39
16	Cowcaddens,			19,570	3033	350	359	709	36·22	115·59
17	Kelvinhaugh & Sandyford,			24,079	2915	151	260	411	17·06	51·80
18	Anderston proper,			31,986	4711	524	558	1082	33·82	111·22
19	Kingston,			38,969	5311	455	569	1024	26·27	85·67
20	Laurieston,			11,599	1558	183	191	374	32·24	117·45
21	Hutcheson Square,			45,889	6975	688	648	1336	29·11	98·63
22	Gorbals,			14,752	2035	285	292	577	39·11	140·04
Sp.&M.	Springburn and Maryhill,			17,273	2872	233	245	478	27·67	81·12
Inst.	Institutions,			5,860	258	61	333	394	...	...
Total within Municipality,				525,448	72,680	7414	8909	16,323	31·06	102·0

YEARS, with Rates per Cent. of TOTAL DEATHS, at these Ages, in the
 during the Year 1874.

NUMBER OF DEATHS NOT CERTIFIED.											
UNDER 5 YEARS.					5 YEARS AND UPWARDS.					Total Deaths Uncertified.	Percentage of all Deaths Uncertified.
No Medical Attendance.	Said to have Med. Attendance, but not Certified.	Dispensary.	Total not Certified.	Percentage under 5 not Certified.	No Medical Attendance.	Said to have Med. Attendance, but not Certified.	Dispensary.	Total not Certified.	Percentage of 5 and above not Certified.		
13	1	24	38	16·17	38	1	4	43	9·01	81	11·36
23	3	30	56	23·04	26	5	5	36	10·25	92	15·48
14	5	21	40	37·38	10	4	2	16	20·51	56	30·27
38	1	61	100	44·05	37	6	12	55	18·21	155	29·30
11	2	20	33	17·55	14	1	4	19	8·96	52	13·00
94	68	52	214	30·79	59	59	1	119	16·16	333	23·27
34	36	65	135	53·15	40	23	2	65	20·90	200	35·39
63	14	139	216	29·14	62	19	33	114	17·56	330	23·74
51	6	157	214	42·37	60	16	41	117	20·20	331	30·53
5	2	7	14	31·81	10	3	3	16	21·62	30	25·42
20	1	37	58	67·20	35	3	6	44	28·75	102	42·68
76	6	130	212	48·29	101	15	16	132	24·71	344	35·35
14	3	15	32	40·50	23	4	2	29	25·43	61	31·60
11	2	8	21	38·88	10	5	...	15	18·07	36	26·27
73	9	62	144	67·28	65	19	11	95	28·44	239	43·61
23	12	33	68	18·23	32	11	2	45	9·65	113	13·46
43	15	79	137	39·14	54	10	7	71	19·77	208	29·33
7	1	12	20	13·24	15	3	1	19	7·30	39	9·48
41	16	87	144	27·48	37	15	8	60	10·75	204	18·85
34	2	22	58	12·74	28	4	2	34	5·97	92	8·98
10	...	9	19	10·38	12	4	3	19	9·94	38	10·16
31	9	65	105	15·26	29	11	4	44	6·79	149	11·15
22	2	94	118	41·40	30	6	5	41	14·04	159	27·55
33	47	...	80	34·33	33	33	...	66	26·93	146	30·54
...	3	...	3	..	2	6	...	8	...	11	...
784	266	1229	2279	30·73	862	286	174	1322	14·83	3601	22·05

II. SCHEDULE Showing the Number of DEATHS in the CITY of EDINBURGH which have not been Certified by a Qualified Medical Practitioner, Distinguishing those above and those under 5 Years of Age, for the Year 1874.

SANITARY DISTRICTS.		DEATHS REGISTERED.			DEATHS NOT CERTIFIED BY A QUALIFIED MEDICAL PRACTITIONER.										Percentage of Deaths of all Ages not Certified by Qualified Medical Practitioner.	
					ABOVE 5 YEARS.				UNDER 5 YEARS.							
					Above 5 Years.	Under 5 Years.	Total Deaths.	No Medical Attendant.	No Qualified Medical Attendant.	Total above 5 Years.	Percentage above 5 Years.	No Medical Attendant.	No Qualified Medical Attendant.	Total under 5 Years.			Percentage under 5 Years.
I.	Upper New Town, ...	131	34	165	1	...	1	0.76	1	1	2	5.88	3	1.81		
II.	Lower New Town, ...	156	57	213	...	...	...	2.22	...	1	2	3.50	2	0.93
III.	West-End, ...	225	105	330	5	...	5	2.64	...	...	...	...	5	1.51
IV.	Upper Water of Leith, ...	151	83	234	1	3	4	1.21	...	1	1	1.20	5	2.13		
V.	Lower Water of Leith, ...	82	47	129	1	...	1	...	...	3	3	6.38	4	3.10
VI.	Broughton, ...	99	40	139	...	...	...	...	...	...	...	...	...	...
VII.	Calton and Greenside, ...	191	145	336	...	4	4	2.09	...	4	4	2.75	...	2.38		
VIII.	Abbey, ...	31	32	63	1	1	2	6.45	3	1	4	12.5	6	9.52		
IX.	Canongate, ...	157	153	310	3	15	18	11.46	4	23	27	17.64	45	14.51		
X.	Tron, ...	107	84	191	2	9	11	10.27	...	10	10	11.90	21	10.99		
XI.	St. Giles, ...	231	159	390	4	35	39	16.88	7	31	38	23.89	77	19.74		
XII.	Grassmarket, ...	85	57	142	...	4	4	4.70	...	8	8	14.03	12	8.45		
XIII.	Fountainbridge, ...	191	135	326	2	2	4	2.09	...	2	2	1.48	6	1.84		
XIV.	George Square, Laurieston, ...	128	63	191	1	1	2	1.56	...	2	2	3.17	4	2.09		
XV.	Nicolson Street, ...	381	211	592	2	17	19	4.98	1	16	17	8.05	36	6.07		
XVI.	Pleasance and St. Leonard's, ...	230	203	433	4	11	15	6.51	...	15	15	7.38	30	6.92		
XVII.	Newington, ...	117	50	167	...	1	1	0.85	...	1	1	2.00	2	1.19		
XVIII.	Grange, ...	77	28	105	...	1	1	1.29	...	...	...	...	1	0.95
XIX.	Morningside, ...	74	14	88	...	...	...	...	...	...	...	...	...	...
Totals, ...		2844	1700	4544	27	104	131	...	17	119	136	...	267	...		
Percentages, ...		...	...	...	0.94	3.65	...	4.60	1.	7.	...	8.	...	5.87

III. RETURN of REPORTS from CITY REGISTRARS to PROCURATORS-FISCAL, for Years 1872, 1873, and 1874.

REGISTRATION DISTRICTS.	1872.				1873.				1874.			
	No. of Reports to the Procurators-Fiscal.	No. of those for which Precognitions were Received.	No. of those otherwise Certified.	No. still Uncertified.	No. of Reports to the Procurators-Fiscal.	No. of those for which Precognitions were Received.	No. of those otherwise Certified.	No. still Uncertified.	No. of Reports to the Procurators-Fiscal.	No. of those for which Precognitions were Received.	No. of those otherwise Certified.	No. still Uncertified.
Central, ...	30	18	1	11	67	28	8	31	66	29	9	28
High Church, ...	23	8	4	11	32	12	5	15	23	8	4	11
Bridgeton, ...	53	18	12	23	48	10	10	28	63	15	18	30
Calton, ...	24	10	1	13	36	12	2	22	31	1	..	30
Clyde, ...	62	37	2	23	55	39	..	16	74	52	3	21
Blythwood, ...	3	1	..	2	8	3	2	3	16	2	3	11
Milton, ...	60	18	20	22	50	12	18	20	61	20	22	19
Anderston, ...	37	15	2	20	31	8	1	22	30	8	3	19
Tradeston, ...	91	47	29	15	79	22	31	26	78	28	31	19
Hutchesontown, ...	60	10	30	20	63	16	26	21	74	17	21	36
WHOLE CITY, ...	443	182	101	160	469	162	103	204	516	180	112	224
PERCENTAGE OF TOTAL REPORTED,	..	40.1	22.8	36.1	..	34.5	21.9	43.5	..	34.8	21.7	43.4

IV. Answers to Queries addressed to Inspectors of Poor by Medical Officer of Health, Glasgow, by instructions of Special Subcommittee of Committee of Health, appointed 19th April, 1875.

Query 1.—What number of Medical Officers are attached to your Parish for Outdoor Work?

GLASGOW—*Barony*.—Twelve. See accompanying Book, which is issued to Medical Officers. *City*.—We have ten Medical Officers attached to our Parish for outdoor work [3rd Feb., 1876, No. corrected to nine]. *Govan*.—We have five Medical Officers in the Parish who attend upon the outdoor poor.

EDINBURGH—*City Parish*.—There are four Medical Officers attached to this Parish for outdoor work alone, besides a Medical Officer who attends at the Dispensary. *St. Cuthbert's Combination*.—Six.

LIVERPOOL—*Parish of Liverpool*.—Eleven.

Query 2.—What is the Address of each (house and shop), and what the Extent and Population of their Districts?

GLASGOW—*Barony*.—See Book. Population unknown. *City*.—For their address see enclosed Card. Population of District not known. For extent of District see enclosed List. *Govan*.—The following are their names and addresses :—(1) Dr. James Barras, house, Osborne Place, Govan; shop, Govan Road, Govan; District, all the Burgh of Govan up to Stanley Street, Kinning Park, west side; population, 45,000. (2) Dr. Alexander Henderson, house, 2 Meadow Bank Place, Partick; shop, Hyndland Street, Partick; District, all that part of the Parish north of River Clyde; population, 40,000. (3) Dr. Joseph H. Menzies, house, 173 George Street; shop, 176 Cumberland Street, south; District, all the east district of Parish from Jenny's Burn to east side of Thistle Street; population about 50,000. (4) Dr. J. Barrie, house, 95 South Portland Street; shop, 77½ Eglinton Street; District, all that portion of Parish between Thistle Street, west side, and Eglinton Street, east side, with continuation of these Streets to boundary of Parish; population about 40,000. (5) Dr. R. D. Taylor, house, 6 Abbotsford Place; shop, 74 Nelson Street; District, from Eglinton Street, west side, to Stanley Street, Kinning Park, east; population about 50,000.

EDINBURGH—*City Parish*.—Dr. Cappie, 47 Lauriston Place; Dr. Cuthbert, 12 Lothian Road; Dr. Sinclair, 48 Albany Street; Dr. Carmichael, 5 Haddington Place. The population at the last Census, 1871, was 62,171.

St. Cuthbert's Combination.—Dr. Middleton, 1 West Adam Street, shop; house, 4 St. John Street; Dr. Lowrie, 46 Minto Street, house; Dr. Turnbull, 29 Castle Terrace, house; Dr. Smart, 24 Melville Street, house; Dr. Husband, 28 Clarence Street, house; Dr. Alexander, 8 Blenheim Place, house. Note.—The extent and population of each District cannot be given, but the population of the Combination as given at last Census was 140,446.

LIVERPOOL—*Parish of Liverpool.*—Each Medical Officer has a surgery within his District, and he must reside either within or close to his district. The average population of each District has not been ascertained, but the whole Parish comprises about 2000 acres, and has a population of about 240,000.

Query 3.—Do they give Advice to any poor person who asks it, or only to Paupers on the Roll, or is it necessary that the Applicant should apply first at the Parochial Rooms and obtain a line from the Inspector to present to the Medical Officer?

GLASGOW—*Barony.*—Could not be answered till special inquiry was made at the Doctors. The answer I get from them, without exception, is that they give advice without reference here, making no charge. Any cases specially dealt with as Paupers must come through the Inspector. *City.*—They attend to all Paupers requiring medical advice on production of their tickets, other persons must apply at the Parochial Chambers for an order. *Govan.*—They give medical advice to all the Paupers in their Districts, and to any other when requested to do so by the Inspector. The Paupers are attended to on presentation of their tickets.

EDINBURGH—*City Parish.*—The Outdoor Medical Officers only give advice to such persons on whose behalf applications have been made to the Inspector of Poor, and not to any poor person who may apply to them, Public Charity Dispensaries being already provided for such. *St. Cuthbert's Combination.*—They only give advice to Paupers on the Roll, or to persons applying for such kind of relief through the Parochial Board.

LIVERPOOL—*Parish of Liverpool.*—To all Paupers on the Roll, and all who present an order from the Relieving Officer.

Query 4.—In the latter case are all persons pleading inability to pay for Medical Attendance furnished with the necessary line by the Inspector, or on what principle is it determined whether the required Medical Relief shall be granted, particular reference being made to applications on behalf of Children?

GLASGOW—*Barony.*—A line is given for the Surgeon to report the nature of the case, the Inspector or Committee affording medical relief if they think necessary. *City.*—All persons unable to pay for medical assist-

ance for themselves or children are granted an order. *Govan*.—In the case of applicants for medical relief only, it is only granted where, in the opinion of the Inspector, the parties are in such poor circumstances as to be unable to pay for a medical man themselves. This remark applies to cases where the relief is asked for children. If a man is out of work, though able bodied, and if his children or wife are seriously ill, we generally grant an order.

EDINBURGH—*City Parish*.—When application has been made to the Inspector for a person unable to attend our dispensary, then a visiting line is sent the District Medical Officer, who visits and reports; the application being then dealt with by the Inspector in the usual way. Those who simply plead inability to pay for medical attendance are sometimes attended to, but as a rule referred to the Public Dispensaries. The case, however, is altered when Parochial Relief is applied for. The children of Paupers are dealt with substantially in the same manner as the Paupers themselves. *St. Cuthbert's Combination*.—There are next to no cases in which the only application is for medical relief here, but when one does occur such relief is invariably given.

LIVERPOOL—*Parish of Liverpool*.—The Applicant must show himself to be destitute, and to have no means of providing medical aid for himself; practically, doubtless, medical relief is given more freely than other relief, but in principle and theory both are given on the same grounds.

Query 5.—Is it your practice to claim admission of liability from Applicant's Parish of Settlement when only Medical Relief is asked and granted?

GLASGOW—*Barony*.—No. *City*.—It is not our practice to claim on other Parishes for medical relief given under No. 4. *Govan*.—It is not our general practice to claim admission of liability from other Parishes where medical relief only is granted, unless it is of a very extensive description.

EDINBURGH—*City Parish*.—It is not the practice to claim admission of liability from Applicant's Parish of Settlement for medical relief only. *St. Cuthbert's Combination*.—No.

LIVERPOOL—*Parish of Liverpool*.—Such a claim is not known to the English Poor Law. When a Pauper becomes chargeable here through temporary sickness, he is not removable. If the sickness be permanent there is no reason why the Removal Order should not be taken out; but I do not know that such a case as that of a Pauper receiving *only* medical relief under such circumstances is at all likely to turn up.

Query 6.—What means have you adopted to inform the Poor residing in your Parish how, and where, to obtain Medical Relief?

GLASGOW—*Barony*.—They have their Pay Tickets, which gives instructions as to this. See ticket enclosed. *City*.—All Paupers know how to

apply from their Relief Card, and others soon get to know to the number of between 4000 and 5000 per annum. *Govan*.—The Names and Addresses of the District Medical Officers are printed on the Pauper's Relief Tickets, and they are informed in the same manner that medical relief may be had on presentation of said Tickets. We do not profess to supply medical relief to others than Paupers, and of course do not give any intimation of such.

EDINBURGH—*City Parish*.—There is a board placed at the City Parish Dispensary intimating hours of attendance, also a similar intimation printed on the back of the Tickets of all Paupers placed on the Outdoor Roll. *St. Cuthbert's Combination*.—Information as to where medical relief can be obtained is printed on the back of the Paupers' Tickets.

LIVERPOOL—*Parish of Liverpool*.—The Name, &c., of the Medical Officer is placed upon a signboard, the poor generally know it, and the Police are informed of it, but as the order goes through the Relieving Officer, a sick Pauper will be directed on the order.

Query 7.—*Do your Medical Officers provide Medicine, or give orders to a Parochial Dispensary? If the latter, where is said Dispensary, and at what hours is it open?*

GLASGOW—*Barony*.—The Medical Officers in the east-end grant orders on the Barony Dispensary, in George Street, Mile-end, which is open all day, and the Medical Officers of the west-end grant orders on certain Druggists, whose shops are open all day—John Currie, 223 Dumbarton Road, and 479 Sauchiehall Street; George Smith, 112 Renfield Street; and James Inglis, Main Street, Anderston (now deceased), are the druggists. The Board are presently fitting up two Dispensaries for the west-end, which will be opened shortly; they are situated at 13 Burnside Street and 56 William Street, Anderston. *City*.—Our Medical Officers do not provide medicine, but give orders to the Parochial Dispensaries, at the hours named on the enclosed lines, for medicines. *Govan*.—The Medical Officers in Govan and Partick supply medicines for the Paupers in their Districts, from their own Dispensaries, and they are paid for those in addition to their salaries. All the others are supplied from our own Dispensary, at No. 4 Nicholson Street. It is open from 9.30 a.m. till 5 p.m.

EDINBURGH—*City Parish*.—The Medical Officers give prescriptions for medicines, which are to be had at the City Parish Dispensary, No. 11 Bristo Place. The hours of the Apothecary's attendance are from 12 till 2 o'clock p.m., and from 7 to 8 p.m. Sundays, 5 to 6 p.m. Dispensary Surgeon, 12 till 2 p.m., daily, Sundays excepted. *St. Cuthbert's Combination*.—Medical Officers grant orders to appointed Apothecaries throughout the Combination, who supply medicines at all hours. The addresses of these are:—Messrs. Macfarlane & Co, 17 North Bridge; Mr. Fairgrieve, 46 Clerk Street; Mr.

Furley, 1 Downie Place; Mr. Laird, 40 Queensferry Street; Mr. Smith, Deanhaugh Street; and Mr. M'Donald, 13 Catherine Street; Mr. H. D. Alexander, 46 Canongate.

LIVERPOOL—*Parish of Liverpool*.—The Parish provides all medicines. We have two Dispensaries, at which there are resident dispensers.

Query 8.—*What number of persons received Medicines and Medical advice from your Outdoor Medical Officers? say, last year, distinguishing those below 5 years of age from those aged 5 years and upwards.*

GLASGOW—*Barony*.—I have not particular figures to show this, but taking year by year the numbers go considerably above 7000. *City*.—See Answer No. 6. I cannot give the number of children below 5 years of age, nor of those of 5 years and upwards. *Govan*.—During the year ending 14th May, 1875, our Outdoor Medical Officers gave medical attendance to 5768 persons, which, however, included many applicants for relief who were either sent to Poorhouse or refused. An exact account of children under 5 was not kept, but there are 361 of that number stated to be under 5 years. In the three City Districts there were 3163 prescriptions dispensed from our own Central Dispensary.

EDINBURGH—*City Parish*.—The number of prescriptions dispensed at the City Parish Dispensary during the year 1874 was 3097. *St. Cuthbert's Combination*.—For the year ending 14th May, 1875, 2602.

LIVERPOOL—*Parish of Liverpool*.—During 1874 the Medical Officers had upon an average 1000 cases constantly on their books. The other portion of the question I would have great difficulty in getting. [In answer to special inquiry, under date 7th February, 1876—"As nearly as we can give the number is 8428."]

Query 9.—Addressed to Edinburgh Parishes only.—*Can you state what number of your population is within the City of Edinburgh; i.e., Urban, and what Suburban?*

EDINBURGH—*City Parish*.—Our Paupers are scattered over the whole City (including in that of St. Cuthbert's Combination) and some also reside in Leith. *St. Cuthbert's Combination*.—No.

Query 9.—Addressed to Liverpool only.—*May your answers to Queries 3, 4, and 5 be taken as generally applicable to the practice of Boards of Guardians in England.*

LIVERPOOL—*Parish of Liverpool*.—Yes.